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ABSTRACT

Intended to build on emergency response training that Head Start staff receive, this guide assists staff and parents in understanding the causes of childhood injuries, and planning steps to more effectively prevent and manage children's injuries in the Head Start program, at home, and in the community. Following an introductory section, the guide presents three training modules. Each module details expected outcomes, key concepts, background information, learning activities, and next steps. Handouts are included for each module. Module One, "Understanding Childhood Injuries," helps participants understand the common causes of childhood injuries and their relationship to child development. Module Two, "Preventing Childhood Injuries," helps participants create, maintain, and supervise a safe environment in the Head Start program and at home, and also establish and teach safe practices to staff, children, and families. Module Three, "Preparing for and Managing Emergencies," helps participants prepare policies, procedures, and provisions for emergencies and to review injury patterns to improve injury-prevention efforts. The final sections of the guide contain continuing professional development information and resources for further study. Two appendices address safety for young children and provide a health and safety checklist. (SD)

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HEAD START®

Training Guides for the Head Start Learning Community

ED 424 025

Safety First: Preventing & Managing Childhood Injuries

PS 027003

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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Safety First: Preventing & Managing Childhood Injuries

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This national training guide was developed by James Bowman Associates, San Francisco, California, under contract #105-93-1578 of the Head Start Bureau, Administration for Children and Families, Department of Health and Human Services.

Photo courtesy of Karen Sokal-Gutierrez, MD, MPH, of Berkeley, California; taken at Berkeley-Albany YMCA Head Start.

1998

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Preface

"It all happened so fast. One minute the children were playing happily on top of the climbing structure, the next minute Daniela was on the ground screaming. She had fallen off and badly skinned her knee. And I was right there. I feel so awful about it—she could have broken her leg! Are accidents just bound to happen? Is there anything we could've done?"

Childhood injuries—minor and severe—are a common concern for Head Start staff, parents, and community members. Every day, children face many possible hazards such as burns from the stove, falls on the playground, car crashes, natural disasters, and violence. Understanding that children learn and have fun by exploring their environment and meeting challenges, we can expect some injuries to happen. But we can also prevent many injuries. Head Start programs and families can take steps to improve children's safety and significantly reduce the risk and severity of childhood injuries. Adults can help to shape a world for children that is challenging, fun, and safe.

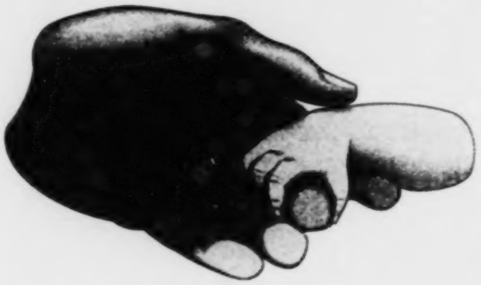
This guide, ***Safety First: Preventing & Managing Childhood Injuries***, helps Head Start staff and parents understand the causes of childhood injuries and plan steps to more effectively prevent and manage children's injuries in Head Start, at home, and in the community. This guide is intended to build on emergency response training that Head Start staff receive. ***Safety First*** helps develop participants' skills in setting up and maintaining safe environments and promoting safe behaviors for children and adults. It also helps Head Start staff and families to prepare for emergencies. Overall, this guide aims to develop staff's and parents' skills so they can reduce the number and severity of childhood injuries and keep our children and families healthier and happier.

The concepts and activities in this guide build on each other, so users should proceed from the beginning to the end. However, the learning activities can be adapted to each program's situation. For example, any workshop activity can be adapted to use with a smaller group, or you can insert stories and safety issues from your own program.

Training materials are most effective when applied to the everyday work setting. Knowledge and skills developed during training must be supported by follow-up activities. This guide contains sections titled "*Next Steps: Ideas to Extend Practice*" and "*Continuing Professional Development*," to help users design long-term learning plans.

Many Head Start programs across the country helped to develop this guide. Our sincere thanks to the Head Start staff and parents who discussed the challenges they faced, shared their stories, participated in trainings, and provided feedback on the activities. We appreciate the feedback from the Head Start Bureau, Regional Offices, Technical Assistance Support Centers (TASCs), Resource Access Projects (RAPs), and National Training Contractors (NTCs). We especially value the detailed review and input provided by the guide's development team of Head Start staff and health professionals.

We hope that ***Safety First: Preventing & Managing Childhood Injuries*** helps you to develop an effective partnership among Head Start staff, parents, health professionals, and children that will create safer Head Start programs and communities.



Introduction

Overview

Purpose

Safety First: Preventing & Managing Childhood Injuries is designed to increase the capabilities of Head Start staff to prevent and manage childhood injuries in their programs, communities, and homes. This guide supplements emergency response training. The guide will help staff to:

- understand the causes of childhood injuries and their relationship to child development;
- create a safe environment in the classroom and at home;
- teach safety practices to staff, children, and families;
- prepare policies, procedures, and provisions for emergencies; and
- assess, care for, and document injuries in Head Start programs properly.

Audience

This guide is intended to be used by:

- Head Start directors, site coordinators, health coordinators, and lead teachers to help them create and maintain safe facilities, and establish and monitor procedures to prevent and manage injuries;
- education and family services staff to help them talk with children and families about preventing and managing injuries in the classroom and at home.

Performance Standards

Head Start Program Performance Standards require that Head Start:

- facilities, materials, and equipment are developmentally appropriate, safe, in good repair, and free of toxins;
- policies and procedures outline safe storage and administration of medications, safety inspections, first aid supplies, and response to medical/dental emergencies;
- education for staff, parents, and children fosters safety awareness, and staff demonstrate safety practices; and
- partnerships with families and communities promote the health and safety of children and families.

Introduction

Orientation to the Guide

Safety First: Preventing & Managing Childhood Injuries has six sections:

- **Module 1: Understanding Childhood Injuries**

  This module helps participants understand the common causes of childhood injuries and their relationship to child development.

- **Module 2: Preventing Childhood Injuries**

  This module helps participants create, maintain, and supervise a safe environment in the Head Start program and at home, and also establish and teach safe practices to staff, children, and families.

- **Module 3: Preparing for and Managing Emergencies**

  This module helps participants prepare policies, procedures, and provisions for emergencies; assess, care for, and document injuries in their program; and review injury patterns to improve injury-prevention efforts.

- **Continuing Professional Development**

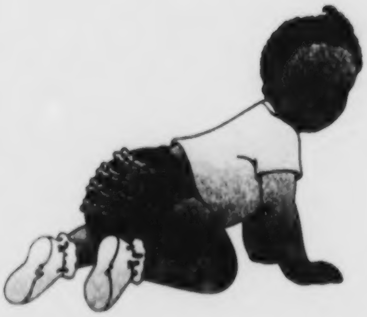
- **Resources**

- **Appendix 1: Safety for Young Children**

  These charts describe characteristics and injury prevention measures for typically-developing children. They may be adapted for children with disabilities.

  Appendix 2: Health and Safety Checklist

  This is a comprehensive safety checklist for early childhood programs. It represents "best practice" standards and includes some recommendations that go beyond the Head Start Program Performance Standards.



Module Sections

Each module provides learning opportunities for workshops (12-25 people) and coaching (two-three people) sessions. Each module has the following sections:

- **Outcomes:** The skills to be acquired by staff who participate in a module's activities.
- **Key Concepts:** The main ideas the module covers. These sections can be used as handouts or overheads.
- **Background Information:** Elaborates on the Key Concepts. This section can be used as a coaching resource or as an outline for a presentation to a group. Background Information sections can also be used for handouts or as overheads in workshop sessions.
- **Questions for Discussion/Reflection:** Listed at the end of each Background Information section. These questions can be used to initiate discussion in workshops and coaching sessions, or serve as prompts for staff journals.
- **Learning Activities:** Build the skills needed to achieve the module's outcomes. Managers can choose to use workshop activities, coaching activities, or a combination. Activities should be adapted to a group's size and composition: the management team, staff from one component area, or staff and board members together.
- **Points to Consider:** Issues listed at the end of each activity to keep in mind or to use as discussion prompts while working through the activity.
- **Next Steps: Ideas to Extend Practice:** Additional activities to reinforce the expected outcomes and help to transfer skills from the training sessions to the work setting.
- **Handouts:** Included at the end of each module. Trainers should reproduce the handouts as needed for participants.

Definition of Icons

Coaching	A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.
Workshops	A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.
Next Steps: Ideas to Extend Practice	Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.
Continuing Professional Development	Follow-up activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. They include: 1) opportunities tailored to the participant to continue building on the skills learned in the training; and 2) ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as in higher education, credentialing, or community educational programs.

At A Glance

Modules	*Activity*	*Time*	*Materials*
Module 1: Understanding Childhood Injuries	Activity 1: How Do Injuries Affect Us? *(W)*	15 minutes	Flip chart paper, markers, writing materials
	Activity 2: Injuries and Development *(W)*	40 minutes	*Key to Activity 2–For Trainer Only*; flip chart paper, markers
	Activity 3: A Day in A Life—The Child's Perspective *(C)*	40 minutes	Handouts A: 1-3; Handout B; *Module 2 Key to Activity 2–For Trainer Only;* flip chart paper, markers
Module 2: Preventing Childhood Injuries	Activity 1: Prevention and Development *(W)* **NOTE:** *This activity is a continuation of Activity 2: Injuries and Development from Module 1.*	40 minutes	Six charts developed by participants in *Module 1–Activity 2*; Appendix 1; index cards, flip chart paper, markers
	Activity 2: A Day in A Life—The Adult's Perspective *(C)* **NOTE:** *This activity is a continuation of Activity 3: A Day in A Life—The Child's Perspective from Module 1.*	50-60 minutes	Handouts A: 1-3 and Handout B from *Module 1*; *Key to Activity 2–For Trainer Only;* writing materials
	Activity 3: The Challenge of Prevention *(W)*	40 minutes	Handout C; flip chart paper, markers
	Activity 4: Program Safety Check *(C)*	120 minutes	Handout D; Appendix 2; tape measures, thermometer, flip chart paper, markers, writing materials
	Activity 5: Home Safety Check *(C)*	120 minutes	Handout E; tape measures, thermometer, flip chart paper, markers, writing materials

Modules	*Activity*	*Time*	*Materials*
Module 3: Preparing for and Managing Emergencies	Activity 1: Preparing for Emergencies in Head Start *(C)*	120 minutes	*Key to Activity 1–For Trainer Only;* the Head Start program's emergency policies; the Head Start Performance Standards; the state child care licensing regulations; sample emergency policies from other programs & resources; flip chart paper, markers
	Activity 2: Preparing for Emergencies at Home *(C)*	90 minutes	Handout F
	Activity 3: Assessing the Injured Child *(W)*	45-60 minutes	Handout G; Handout H; *Key to Activity 3–For Trainer Only;* card stock paper, string, flip chart paper, markers
	Activity 4: Handling Emergencies–What Would You Do? *(W)*	40 minutes	Handout H; Handout I; flip chart paper, markers
	Activity 5: Reviewing Injury Logs *(C)*	100-120 minutes	Handout J; The program's Injury Logs (for a 3-6 month period); blank paper; flip chart paper, markers

(W) = Workshop Activity

(C) = Coaching Activity

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Module 1

Understanding Childhood Injuries

Outcomes

After completing this module, participants will understand the common causes of childhood injuries and their relationship to child development.

Key Concepts

Injury is the leading cause of childhood death and disability.

- **Injuries result from an unsafe encounter between a child, the cause of the injury, and the environment.**
- **Injuries are related to child development:**
  - **They tend to result from a child's growing, developing, and exploring the environment.**
  - **A child's risk for injury and the measures needed to prevent injury differ according to the child's age and development.**

Background Information

A. Why Injuries Matter

Injuries are one of the most serious health, social, and economic problems across all groups in the United States. Injuries lead to one in four emergency room visits, one in eight hospitalizations, and comprise the second highest lifetime health care expense.

Childhood injuries—from motor vehicle crashes to falls, burns, poisoning, drowning, choking, and violence—are of special concern. Injury is the leading cause of death and disability in children over one year of age, accounting for more than half of childhood deaths. And deaths represent only the "tip of the iceberg." For every fatal injury, it is estimated that there are over 100 non-fatal injuries, many of which result in significant disability and suffering for children and families.

For several decades, the United States has been making great progress in preventing injuries. Safety education and interventions—such as child car seats, seat belts, child-proof medicine containers, safe playground equipment design, bicycle helmets, and swimming pool fencing—have reduced childhood injury rates dramatically. In fact, all major causes of childhood death (both injury and disease) have declined over the past 30 years except one—violence. Homicide of young children has doubled; and homicide and suicide of older children has nearly tripled. The United States Public Health Service and Centers for Disease Control and Prevention have identified violence as a major public health crisis.

B. Terminology

- **"Accident" vs. "Injury"**

Historically, **"accident"** was used to describe incidents that caused physical harm such as falls, drownings, poisonings, and car crashes. It has come to mean an unpredictable event, bad luck, careless behavior, or an "act of God" that resulted in unintended harm. The common phrase, *"accidents will happen..."* implied that the incident and any harm done were entirely beyond our control.

However, health experts today say that **"injury"** is a more appropriate term. Studies show that many factors cause harmful incidents to happen, and many measures can be taken to prevent them.

It is unrealistic to expect to entirely prevent injuries, but Head Start programs and families can take many steps to significantly reduce the risk and impact of childhood injuries. "Injury prevention" measures can reduce the chance that harmful incidents will happen *(see Module 2:*

Preventing Childhood Injuries), and effective "injury management" can reduce the severity of the physical and psychological consequences of the injuries *(see Module 3: Preparing for and Managing Injuries)*.

- **"Unintentional" vs. "Intentional" or "Inflicted" Injuries**

Some experts categorize injuries as being "unintentional" vs. "intentional." **"Unintentional"** injuries result from an unintended or "accidental" incident such as a child drowning in a flood, choking on a small toy, or getting burned by formula heated in a microwave. **"Intentional"** injuries are caused by one person inflicting harm on another person, such as one child biting another child or an adult physically abusing a child. Although a harmful act might be intentional, the resulting injury might not actually be intentional. For example, perpetrators of child abuse commonly say, "I didn't mean to hurt her, I only meant to teach her a lesson." For this reason, many experts believe that "intentional" injuries might be better defined as **"inflicted"** injuries.

C. The Relationship Between Childhood Injuries and Development

Childhood involves growing, developing, exploring the environment, and acquiring new knowledge and skills. Children learn by taking risks and challenging themselves beyond their current capabilities. Meeting new challenges is important and fun for children. Unfortunately, it sometimes results in injury. However, adults can take steps to ensure that children have the chance to explore, face challenges, and have fun in a safe setting.

Children's risks for injury and the safety measures needed differ according to age. By understanding child development, we can recognize common injury risks for children at different ages and developmental stages *(see Appendix 1: Safety for Young Children)*. Adults must also understand how an individual child's temperament, interests, capabilities, family, and environmental factors can shape the child's risk for injuries and need for particular prevention measures.

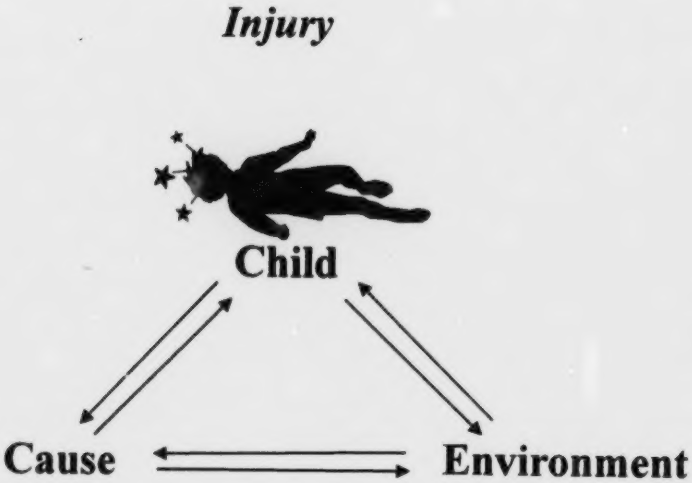
Infants and toddlers are at particular risk for injuries because their skills are developing so rapidly. Their motor abilities can change from one day to the next, which can make it challenging for caregivers to anticipate their behavior and make their environment safe. The first time a child tests a new skill might lead to an injury. For example, parents often say that the first time their infant rolled over was off the bed or changing table; the first time their infant crawled, she pulled an electric cord and a lamp crashed down; or the first time their toddler climbed was when they found him standing on the kitchen counter.

D. Understanding the Causes of Injuries

From a scientific perspective, injuries can be understood according to the model of diseases. They result from the interaction of three factors: the child, the cause (or agent), and the environment.

Injuries are caused by an unsafe interaction between the **child** and the **cause** of the injury (e.g., the peanut that a child chokes on or a fire that burns the child). The cause of injury comes into contact with the child because of factors in the surrounding physical and social **environment** (e.g., lack of adult supervision, no fence around a hazard, or bad weather).

The relationship between these three factors is described as the "***Injury Triangle***:"



Analyzing the interactions among the child, the cause, and the environment can help to identify the specific factors that lead to an injury. For example: A three-year-old child is playing ball on the sidewalk in the early evening. When his ball bounces into the street, he darts out to retrieve it, is hit by a speeding car with a drunk driver, and sustains a serious head injury. The unsafe factors include:

Specific Factors

child

- focus on playing with the ball
- limited awareness of traffic
- limited understanding of hazards and safety rules
- high physical energy and agility

cause
(driver and car)

- drunk driver
- speeding car
- poor visibility at night

environment

- no adult supervision
- no enclosed play area

Understanding the specific factors that cause an injury can help identify the measures needed to prevent the injury. This three-year-old child's injury could be prevented by adult supervision, playing in a fenced area, safety rules, and police enforcement of driving safety laws.

E. Common Risk Factors for Injury

Injuries can happen in any setting. However, certain factors lead to higher risk for childhood injuries:

- **Child:**
  - *Developmental or physical abilities that are atypical for the child's age:* unusual physical ability, developmental delay, sensory deficits (e.g., hearing, vision, touch), movement disorders, seizures, relational difficulties, and extensive care needs.
  - *Temperamental characteristics:* curiosity, risk-taking, high physical activity level, impulsivity, and distractibility.

- **Causes:**

  - *Adult equipment or items that should be inaccessible to unsupervised children:* motor vehicles, farm equipment, firearms, knives, cigarette lighters and matches, stoves, chemicals, and medicines.
  - *Child items that should be inaccessible to younger children:* climbing structures, toys, and food.
  - *Surfaces that should be inaccessible for children to fall onto or into:* pavement, concrete or hard-packed dirt, and water.

- **Environment:**

  - *Places and facilities:* bodies of water, swimming pools, cliffs, playgrounds, kitchens, bathrooms, open windows, garages, and construction sites.
  - *Natural disasters:* floods, tornados, hurricanes, blizzards, earthquakes, or extreme cold or heat.
  - *Activities and times of day:* late morning, late afternoon, and evening when children are tired and hungry, during transitions between activities, when the routine is disrupted (e.g., field trips, absent teacher, sick or injured child), and while adults are busy doing other things (e.g., cooking dinner, socializing, attending to another child).
  - *Inadequate adult supervision:* insufficient adult-child ratio, lack of knowledge of child development and safety, fatigue, alcohol and other drug use, mental illness, history of abuse, or family stress (e.g., problems with relationships, finances, employment, health, remarriage, birth of a sibling, incarceration).

Questions for Discussion/ Reflection

The relationship between childhood injuries and child development is very complex. Developmental challenges and changing capabilities can lead to particular childhood injuries (e.g., infant grasping and mouthing behavior can lead to choking on small objects). In turn, an injury can affect a child's development (e.g., a near-drowning experience could instill a fear of swimming). Children learn attitudes about safety from the adults in their lives (e.g., when adults protect children, the children learn to protect themselves; when adults do not adequately protect children, the children might learn to place themselves at risk for injuries). Children can also learn from an injury (e.g., a child whom a dog bites on the face might learn not to put his face near unfamiliar dogs).

From your own experience with children, can you think of examples in which:

- a child's developmental stage might have led to an injury?
- a child's injury might have affected the child's development?
- a child learned unsafe attitudes and practices from an adult?
- a child learned safer practices after getting injured?

References for Background Information

American Academy of Pediatrics, *Injury Control for Children and Youth.* Elk Grove, IL: American Academy of Pediatrics, 1987.

Singh, G.K., S.M. Yu .*United States Childhood Mortality, 1950 - 1993: Trends and Socioeconomic Differentials.* American Journal of Public Health; 1996, Vol. 86: 505-512.

Loimer, Herman and Michael Guarnieri. *Accidents and Acts of God: A History of the Terms.* American Journal of Public Health; January 1986, Vol. 86: 101-107.

Activity 1: How Do Injuries Affect Us?

Purpose: This activity helps raise staff awareness of childhood injuries—how common they are, their causes, and their impact.

For this activity you will need:

- Flip chart paper and markers
- Paper and pens or pencils

> ***Trainer Preparation Note:***
>
> *Before beginning this activity, copy the questions in* **Step 3** *onto a sheet of flip chart paper.*

Step 1: Explain to participants that this activity will help them to reflect on their own childhood experiences with injury.

Step 2: Tell participants: Think back to your own childhood and remember a time when you were injured, either a minor or a severe injury. As this activity will involve discussing your injury with other workshop participants, identify an injury that you feel comfortable talking about.

Step 3: Have participants pair-up with the person sitting next to them. Ask them to tell each other the story of their injury, and discuss the following questions:

- What caused the injury?
- What was the impact, physically and emotionally, on you and others?
- How could the injury have been prevented?
- What did the adults do well in response to the injury? What could they have done better?

Allow 5 to 10 minutes for discussion.

Step 4: Return to the larger group. Ask participants: What did you learn from discussing your childhood injury?

Points to Consider:

- Childhood injuries are very common—we all have had them. We can all learn by reflecting on and sharing our experiences.
- Childhood injuries are related to child development. As adults our role is to help children handle developmental challenges within an environment that is as safe as possible.
- Injuries can have both physical and emotional consequences; both immediate and long-term. Although injuries usually cause pain and suffering, there can be positive learning outcomes from the experience. The emotional impact of injuries on children often depends upon how effectively adults respond to the injury.
- After an injury, it is important to consider how it could have been prevented and take action to prevent similar injuries in the future. It is also important for adults to work through their sense of guilt over an incident.
- Head Start staff should be aware of cultural differences in addressing accidents and injuries.

Activity 2: Injuries and Development

Purpose: This activity helps staff explore the connection between childhood injuries and child development. *(This is the first half of an activity that is continued in Module 2: Preventing Childhood Injuries, Activity 1: Prevention and Development.)*

For this activity you will need:

- Flip chart paper and markers (3)
- Overhead transparency, projector, and screen (optional)
- Key to Activity 2: Injuries and Development–*For Trainer Only*

> ***Trainer Preparation Note:***
>
> *Before beginning the activity, prepare overhead transparencies (or a flip chart copy) of:*
>
> - Key to Activity 2: Injuries and Development
> - ***Injury Triangle** (from **Background Information**)*

Step 1: Explain to participants that this activity will explore the connection between childhood injuries and child development.

Step 2: Ask participants: What are the major types of childhood injuries that you see in the Head Start program, at home, and in the community? List these on a flip chart paper (e.g., motor vehicle accidents, falls, burns, poisoning, drowning, choking, bites, family violence, etc.).

Step 3: Ask participants to think about the characteristics at each developmental stage that might place the children at risk for injuries. Have participants complete the following sentences:

- **Infants (birth to one year) are...**
  (e.g., almost totally dependent upon adults, not very mobile, changing quickly, exploring the world by putting things in their mouths, etc.)
- **Toddlers (one to three years) are...**
  (e.g., exploring their independence, walking, climbing,

running, very curious, imitating older children and adults, not understanding dangers, etc.)

- **Preschoolers (three to five years) are...**
  (e.g., exploring their independence, vigorous, running fast, climbing high, throwing hard, imitating older children and adults, thinking they can do more than they can, having strong emotions and intense interactions with others, etc.)

Write down and post the responses for each developmental stage on a separate piece of flip chart paper.

Step 4: Divide participants into three groups corresponding to the three developmental stages:

- **Infants**
- **Toddlers**
- **Preschoolers**

Step 5: Give each group a flip chart paper and marker. Have them write their developmental stage (i.e., Infant, Toddler, Preschooler) on the top of the chart. Then, using the major types of childhood injuries listed by the participants, have each group set up a chart with four to eight different types of injuries. Display the overhead transparency of the Key to Activity 2: Injuries and Development as an example.

Step 6: Give the small groups approximately 20 minutes to fill in the "Causes" for each type of injury. For example:

Developmental Stage: **Infants**

Type of Injury	Causes
Falls	- high chair - changing table - stairs - infant walker

Tell participants to leave the "Prevention" section blank for now—this will be completed in the continuation of this activity in *Module 2: Preventing Childhood Injuries, Activity 1: Prevention and Development.*

Step 7: Return to the large group. Have each small group briefly report on its discussion, proceeding from Infants to Toddlers to Preschoolers.

Step 8: Ask participants: What are some of the risks for injury that are specific to each developmental stage?

Step 9: Display the overhead transparency or flip chart copy of the **"Injury Triangle."** Explain that this can help to examine in greater detail the factors that lead to injuries. From a scientific perspective, injuries are caused by an unsafe interaction between the **child** and the **cause** of the injury (e.g., the peanut that a child chokes on or the fire that burns the child). The cause of the injury can come into contact with and harm the child because of factors in the surrounding physical and social **environment** (e.g., inadequate adult supervision, an unlocked or open gate around a swimming pool).

Step 10: Ask participants to identify one example of an injury from each developmental stage and explain specific factors related to the child, the cause, and the environment that might lead to this type of injury. For example:

Developmental Stage: **Infants**

Type of Injury	Cause
Falls	- stairs

Factors that might lead to this injury include:

- **Child:** infant who is an early crawler or walker and curious
- **Cause:** stairs that are accessible, steep, not carpeted
- **Environment:** no gate across stairs, inadequate adult supervision

Step 11: Explain that, while some injury risks are specific to particular developmental stages, other risks are common across all ages.

Ask participants: What factors might place children of all ages at increased risk for injuries:

- Child factors?
- Causes of injury?
- Environmental factors?

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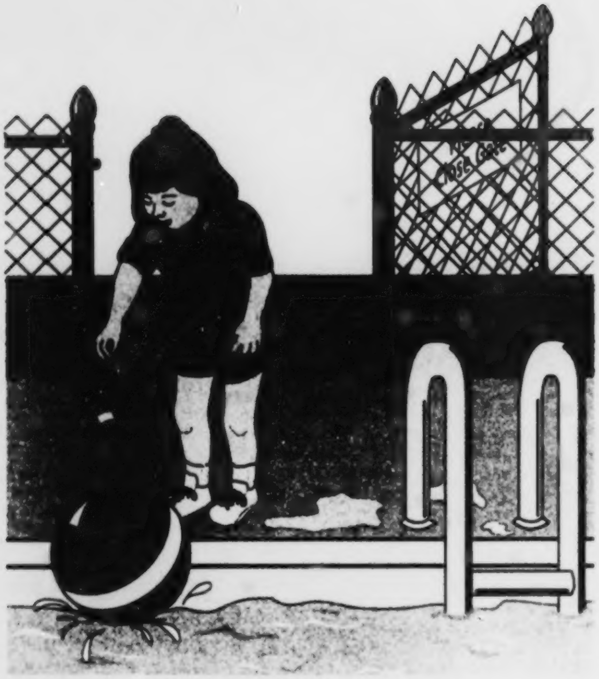
Module 1

Points to Consider:

- Children have developmental characteristics that place them at risk for specific injuries at specific developmental stages.
- Certain factors place children of all ages at risk for injuries *(see **Background Information,** "Common Risk Factors for Injury").*



Key to Activity 2: Injuries and Development—*For Trainer Only*

Child: ________________ Developmental Stage: ________________

Type of Injury	Causes	Prevention
Bites		
Falls		
Burns		
Poisoning		
Choking		
Drowning		
Motor Vehicle/ Pedestrian		
Violence/Child Abuse		

Activity 3: A Day in A Life—The Child's Perspective

Purpose: This activity helps participants examine the injury hazards that children face at home, in the community, and at the Head Start program each day. *(This is the first half of an activity that is continued in Module 2: Preventing Childhood Injuries, Activity 2: A Day in A Life—The Adult's Perspective.)*

For this activity you will need:

- Handout A-1: An Infant's Day—Suzie
- Handout A-2: A Toddler's Day—Henry
- Handout A-3: A Preschooler's Day—Rickie
- Handout B: Injury Hazards (three copies for each participant)
- Module 2, Key to Activity 2: Injury Hazards–*For Trainer Only*
- flip chart paper and markers

Step 1: Explain that this activity examines the injury hazards that children face at home, in the community, and at the Head Start program. It also explores the connection between injuries and child development.

Step 2: Ask participants: What are the major types of childhood injuries that you see in the Head Start program, at home, and in the community? List these on a flip chart paper (e.g., motor vehicle accidents, falls, burns, poisoning, drowning, choking, bites, family violence, etc.).

Step 3: Ask participants to think about the children's characteristics at each developmental stage that could place them at risk for injuries. Have participants complete the following sentences:

- **Infants (birth to one year) are...**
  (e.g., almost totally dependent upon adults, not very mobile, changing quickly, exploring the world by putting things in their mouth, etc.)
- **Toddlers (ages one to three years) are...**
  (e.g., exploring their independence, walking, climbing, running, very curious, imitating older children and adults, not understanding dangers, etc.)

- **Preschoolers (three to five years) are...**
  (e.g., exploring their independence, vigorous, running fast, climbing high, throwing hard, imitating older children and adults, thinking they can do more than they can, having strong emotions and intense interactions with others, etc.)

Write down and post the responses for each developmental stage on a separate piece of flip chart paper.

Step 4: Distribute Handouts A-1: An Infant's Day—Suzie, A-2: A Toddler's Day—Henry, A-3: A Preschooler's Day—Rickie, and three copies of Handout B: Injury Hazards to the participants.

Coach's Note:

You may do all of the Handouts A: 1-3 or select only one or two, depending on the amount of time available and the age of children with whom you work.

Step 5: Read Handout A-1: An Infant's Day—Suzie. Use Handout B as a guide to identify the safety hazards in the story. Based on the different locations and activities in the story, write down the possible "Cause of Injury" and "Type of Injury." For example:

Location/Activity	Cause of Injury	Type of Injury
Bedroom	- crib	- strangulation

Tell participants to leave the column "Prevention Measures" blank for now—it will be completed in the continuation of this activity in *Module 2: Preventing Childhood Injuries, Activity 2: A Day in A Life: The Adult's Perspective.*

Allow 10-15 minutes per story. Repeat for the other stories from Handout A-2: A Toddler's Day—Henry and Handout A-3: A Preschooler's Day—Rickie, if time permits.

Step 6: Ask participants: What are some of the risks for injury that are specific to each developmental stage?

Step 7: On flip chart paper, draw the **Injury Triangle** from the ***Background Information***. Explain that this can help to examine in greater detail the factors that lead to injuries. From a scientific perspective, injuries are caused by an unsafe interaction between the **child** and the **cause** of the injury (e.g., the peanut that the child chokes on or the fire that burns the child). The cause of the injury can come into contact with and harm the child because of factors in the surrounding physical and social **environment** such as inadequate adult supervision, or an open gate around a swimming pool.

Step 8: Have participants identify one example of a possible injury from each story and explain specific factors related to the **child**, the **cause**, and the **environment** that could lead to this type of injury. For example:

Developmental Stage: **Infant**

Cause of Injury	Type of Injury
- Crib	- strangulation

Factors that could lead to this injury might include:

- **Child:** very active in crib—sticks head through slats, stands up and shakes crib
- **Cause:** old crib does not meet current safety standards—head could get stuck through widely spaced crib slats
- **Environment:** three-year-old brother encourages baby to play "peek-a-boo" through crib slats

Step 9: Explain that, while some injury risks are specific to particular developmental stages, other risks are common across all ages.

Ask participants: What factors might place children of all ages at increased risk for injuries:

- Child factors?
- Causes of injury?
- Environment factors?

Points to Consider:

- Children have developmental characteristics that place them at risk for specific injuries at specific developmental stages.
- Certain factors place children of all ages at risk for injuries (*see* ***Background Information,*** *"Common Risk Factors for Injury"*).
- Children face many hazards each day. Thankfully, due to proper adult supervision, and often, good luck, few of the hazards actually lead to serious injuries.

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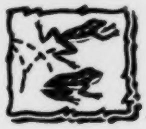
Next Steps: Ideas to Extend Practice



Research An Injury of Concern

Identify a childhood injury that has been of concern in your Head Start program, for a Head Start family at home, or in your community (e.g., lead poisoning, agricultural equipment injury, firearms, family violence). Get more information about the issue by talking with local experts and advocacy groups, and reading materials on the subject:

- How common is it?
- Is it becoming more common?
- What are the possible causes and contributing factors in your community?
- What are the physical and emotional impacts on children?

Share the information with other Head Start staff and parents. Work with local community resources to develop prevention strategies.

View Television with a Critical Eye

Watch an hour of television or a movie that children might see. Keep a tally of the number of violent expressions, actions, and injuries. Observe the reactions to injuries on the part of the victims and perpetrators, and the consequences of the violent behavior.

One author states, "Violence plagues every aspect of our society. Whether in the home, the community, or the media, children's exposure to violence is widespread. Exposure can potentially impede all stages of development for children.... Most people see violence as solely a physical act, see the victims as being only those with visible wounds. The effects of violence etch a much deeper scar, hidden in the minds and hearts of our children, our schools and our communities.'"*

Understanding that the average child spends more time watching television than attending Head Start, consider the implications of television violence on children's attitudes and behavior. Research organizations that aim to reduce media violence. Develop a Head Start and home-based violence prevention program that involves limiting the types of programs and the amount of time children spend watching television. Advise parents to talk with their children about what they see on television.

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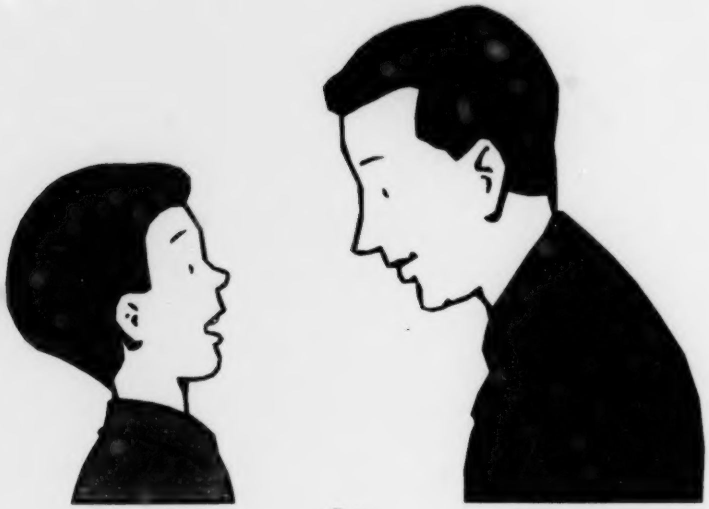
* Prothrow-Stith and Sher Quaday. *Hidden Casualties: The Relationship Between Violence and Learning.* Washington, D.C.: The National Health & Education Consortium, 1995 (reprinted 1996)

Build on Other Training Materials

Obtain the American Red Cross curriculum, *Child Care Course: Health and Safety Units* on injuries. Set up a parent-staff meeting or parent education meeting on childhood injuries. Review the curriculum and show the video, *Preventing Childhood Injuries* including the *Hazard Hunt,* to identify injury hazards and brainstorm strategies for parents and staff to try to prevent childhood injuries.



Handout A-1: An Infant's Day—Suzie

I'm Suzie and I'm nine-months-old. I live with my mom, three-year-old brother, and 17-year-old sister. I've been sleeping in the crib they handed down to me. My brother wakes me up to play peek-a-boo and I stick my head through the wide slats on the side of the crib. My crib is next to the window so I reach out and pull on the window-shade cords. When my brother runs out for breakfast, I stand up, shake the sides of my crib, and cry out for Mom. My crib knocks the wall and some colorful chips fall into my crib—they look pretty enough to eat.

Mom comes in and picks me up and says, "You slept well, honey. I bet you're hungry!" Mom puts me in my high chair in the kitchen and gives me my bottle of milk that she just heated in the microwave. When I'm done, my sister comes over and feeds me some cereal. But I want to be with Mom, so I stand up in my high chair and reach out to her.

Mom picks me up. "Honey," she says, "let's get you dressed." She changes my diaper, but I don't like being on my back so I shake my arms and legs, roll over and try to stand up. Mom says, "Here, Suzie," and gives me the baby powder to hold so she can finish changing me. Then she dresses me in overalls and a hooded jacket with a drawstring. We're ready to go.

Mom hands me to my sister and the four of us get into the cab of our pickup truck. I love to bounce on my sister's lap when the car is moving. When we get to Head Start, Mom double parks and waits in the truck while my sister carries me and walks my brother in.

My caregiver greets us, takes me from my sister and says, "Suzie, let's take off your jacket and play on the carpet." There are some fun toys to play with. I pick up some painted blocks, crash them together, and put them in my mouth. My caregiver is busy greeting the other families so I look around for other stuff to play with. I'm crawling pretty well now. I see this long cord that looks fun to pull on or chew so I head for it.

Time for my bottle. I snuggle into my caregiver's lap. Her necklace and earrings are so sparkly—I love to grab them. Once I bit her necklace and broke it! "Time to change your diaper," she says. This is really fun because I get to play with the gloves while she changes me.

I take a little nap in my crib at Head Start. Then it's lunch time! I get to sit in the feeding tables right next to all of my friends. I love to reach out and grab their hair and their food.

Mom's here with my brother to take me home. I get bundled up and he carries me back to the truck. At home, Mom puts me in my walker while she makes dinner. The phone rings and Mom answers. Just then my brother starts having a temper tantrum. Mom slips him some candy and he drops a piece for me. The cabinet under the sink is open so I scoot over to see what's in there.

Dinnertime! I'm learning to chew chunks of meat and pick at finger foods. Now it's bedtime—what a day!

For use with Activity 3 (& Activity 2 in Module 2)

Handout A-2: A Toddler's Day—Henry

I'm Henry and I'm two-and-a-half. I live with my mom, dad, grandma, and four-year-old sister. We're going to have another baby soon so I got a big-boy bed. I wake up and go into Mom and Dad's room. Mom's already at work. Dad's asleep because he works at night. I see some neat things on the bedside table—Mom's vitamin pills and Dad's cigarettes. I know there's a gun in the drawer to protect us from bad guys. Sometimes I like to pretend I'm a superhero. I say, "Stick 'em up!" Dad rolls over and says, "Hey there buster. Grandma's up, go tell her good morning."

I go into the kitchen, but no one's in here. The steam kettle is whistling on the stove—maybe I can help—I could take it off. Grandma comes in. "Henry, you're up!" she says. "You want some nice hot oatmeal?" I say yes, so she makes me a bowl and sets it on the table. I climb onto the chair to eat it. My sister comes in and she eats too.

Grandma says, "Henry, time to go potty." I go into the bathroom, but I don't get there soon enough and it goes on the floor. "Oh, oh..." Dad gets really mad and sometimes he hurts me when I mess up. Grandma says, "Henry, bring me your clothes on your dresser." I go up to my room, climb up on the chair, and pull down my pants and shirt. Grandma helps me get dressed.

Grandma walks me and my sister to Head Start. She says there are some places that we have to be careful of, like where the bad guys hang out. Sometimes we run across the middle of the street instead of at the corner.

When we get to Head Start, my teacher says, "Henry, come on in! There's some snack if you want it." I'm not hungry yet so I go over to play on the new indoor climbing structure. Another kid pushes me over so he can go down the slide first. So I push him back. Circle time is too long. I race out the door when it's time to play outside. I'm playing in the sandbox, building a castle. I really need the shovel that girl is using, so I grab it from her. She throws sand at me. When we go in to wash our hands, I push her back. At lunchtime, I'm eating as fast as I can so I can play some more. While I'm finishing my carrots, I jump up and run to the play area.

Grandma's here to pick me up. We go into my sister's classroom to pick her up. When Grandma is talking with my sister's teacher, I wander over to the play area. There are some neat little toys there—I pop a marble into my mouth pretending it's a vitamin.

When we get home, Mom's making dinner. She turns on the TV for me. I love to watch the superhero shows. Sometimes when I hear gun shots in our neighborhood, I pretend to shoot the bad guys to protect my family. Today I get to eat dinner in front of the TV and I'm always jumping up and shouting. I fall asleep in front of the TV.

For use with Activity 3 (& Activity 2 in Module 2)

Handout A-3: A Preschooler's Day—Rickie

I'm Rickie and I'm four. I live with Mami, Papi, Auntie, and my eight-year-old cousin.

I wake up in the morning when I hear folks going out to the fields. Mami says, "Papi and I have to rush off to work. There's no time for breakfast this morning—you'll get it at Head Start." We rush to get dressed and catch the bus to Head Start. My teacher says, "Hey Rickie, how are you?" I smell the hot cornbread and I say, "Great," and sit down and eat as fast as I can.

I like outdoor play the best. I like going high on the swings. When the teachers are talking with each other and not watching, I jump off and fly like a bird. I hit the hard dirt underneath with a loud thud! We have a really high climbing structure and I like to go up to the top and dive head first down the slide.

Today we have carpentry. I love hammering as hard as I can. Once I was joking around with my friend and I smashed my finger by mistake—wow, did that hurt! We get to play with clay too. Sometimes I eat a little clay; sometimes I even taste the sand in the sandbox and the plants growing around school.

It's lunchtime and I sure am hungry! For rest-time, my mat is in the corner. I look at some books, but I get bored and I usually end up picking paint chips off the wall.

In the afternoon, Auntie picks me up. When we get home, my eight-year-old cousin is there and my aunt leaves me with him for a few hours while she shops for dinner. My cousin says, "Come on—let's go exploring!" I'm in such a hurry to catch him that I run out barefoot. Our favorite place is an old shed that has farm equipment, tools, nails, and boxes of chemicals around. Sometimes we like to jump on the boxes and watch the dust fly around. It's been raining so we crawl through the irrigation ditches and drain pipes. We go home when it gets dark.

Mami and Papi are coming in from the fields as we get home. Papi says, "Where have you been? After dinner you're into the bathtub!" Auntie has dinner waiting and it smells so good. We all sit down and eat. After my bath I'm feeling so sleepy. I climb into the warm bed with Mami and Papi. Mami sings me a song and I fall asleep.

For use with Activity 3 (& Activity 2 in Module 2)

Handout B: Injury Hazards

Child: ______________ Developmental Stage: ______________

Location/ Activity	Cause of Injury	Type of Injury	Prevention Measures
Bedroom/ Naproom			
Bathroom/ Diapering Area			
Kitchen/ Eating Area			
Transportation			
Play Activities at Head Start and at Home			

For use with Activity 3 (& Activity 2 in Module 2)

Module 2

Preventing Childhood Injuries

Outcomes

After completing this module, participants will :

- *create, maintain, and supervise a safe environment in the Head Start program and at home;*
- *establish and teach safe practices to staff, children, and families.*

Key Concepts

- **Injury prevention is related to child development. Adults must encourage children's exploration and developmental challenges under careful supervision in a safe environment.**
- **Adults play important roles as protectors, role models, and teachers to help reduce injuries among children.**
- **Key steps to prevent childhood injuries include:**
  - **setting up, inspecting, maintaining, and supervising a developmentally-appropriate and safe environment.**
  - **establishing, teaching, monitoring, and enforcing safe behaviors for children and adults.**

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Background Information

A. The Relationship Between Injury Prevention and Development

Children's risks for injury and the prevention measures needed differ according to age. By understanding child development, we can tailor injury-prevention strategies to a child's particular age and developmental stage *(see Appendix 1: Safety for Young Children).*

When children explore their environment, it is realistic to expect some injuries. But we can do a lot to reduce the risk and severity of childhood injuries. It is not necessary to be overly protective, excessively fearful, or to discourage a child's exploration—which can inhibit the child's development. But adult caregivers must strike a fine balance to encourage children's development and prevent their injuries—to create a play environment that is challenging, fun, and safe. Adults should encourage children's exploration and development within the context of safety rather than discouraging exploration, or being overly protective or excessively fearful, which inhibit a child's development.

For example, a 15-month-old child may be learning to climb. Since the toddler will look for opportunities to climb, caregivers should keep the toddler away from unsafe climbing opportunities, such as a step stool up to the kitchen counter, a ladder up to the roof of a house, or a fire escape over the street. But adults can create fun and safe climbing opportunities for the toddler such as a supervised play on a two-foot plastic slide over wood chips on the playground.

Infants and toddlers are developing and changing rapidly. A child who could only crawl yesterday might start pulling up and cruising along furniture today. Adult caregivers must ensure that the environment and their supervision of the child are appropriate to both the child's current developmental skills and the next stage of development.

A child's temperament, interests, and capabilities also affect the risk for injury. Caregivers must tailor prevention strategies to each child's needs. Knowing that, for example, "Larry tends to dart out into the street," caregivers must supervise Larry closely on walks and field trips. Children with a hearing or visual impairment, developmental delay, movement disorder, or attention deficit might need more structured active play experiences, closer supervision, and frequent safety reminders to help prevent injuries.

B. Adults' Roles in Injury Prevention

Adult caregivers of young children are responsible for preventing childhood injuries. Parents, teachers, and other adults can prevent childhood injuries in their three different roles:

- **Protector:** To create and supervise a safe environment for children.

  Examples include installing smoke detectors, placing gates across stairways, painting walls with lead-free paint, using children's car seats, storing medicines out of children's reach, installing safe playground equipment with absorbent material underneath, not allowing children to watch violent television programs, and advocating for safe community parks.

- **Role model:** To set an example of safe behaviors that children will follow.

  Examples include wearing a seat belt in the car, wearing a helmet while riding a bicycle, and crossing the street in the crosswalk and with the traffic light.

- **Teacher:** To instruct children and adults about safe behaviors.

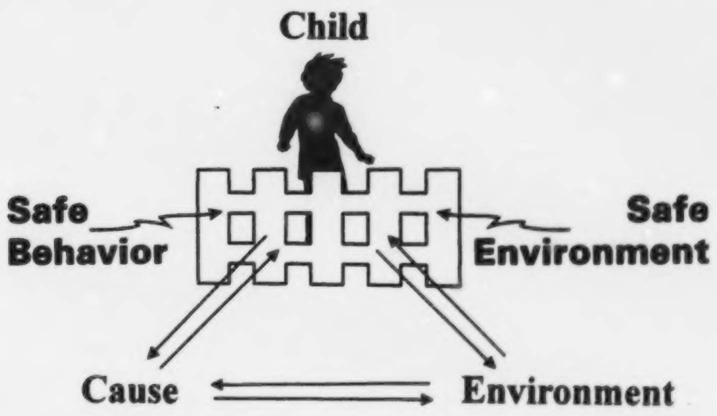
  Examples include teaching children safety rules on the playground, showing children how to use words instead of their fists, discussing domestic violence prevention with parents, and teaching parents to turn down the tap water temperature at home.

C. Turning the Injury Triangle into the Safety Triangle

Examining the Injury Triangle—how the interaction between the child, the cause of the injury, and the environment leads to childhood injuries—can help us identify effective strategies to prevent injuries. In the Injury Triangle, two major factors—an unsafe environment and unsafe behaviors—bring the child and cause into unsafe contact, resulting in injury.

However, the Injury Triangle can be turned into the ***Safety Triangle*** by establishing two important safety factors: a safe environment and safe behaviors. These can either prevent the child from coming into contact with the cause or allow the contact to happen in a safe manner. The specific safety measures can be regarded as building a "fence" of safety around the child:

Safety



For example, to prevent a two-year-old from getting burned by pulling down a pot of soup from the stove onto herself, the safety "fence" could be built by:

- **Making a safe environment:**
  - having careful adult supervision
  - using a gate to keep the child out of the kitchen or away from the stove during cooking
  - cooking on the back burners
  - turning pot handles toward the back of the stove
- **Teaching safe behavior:**
  - teaching the child not to touch the stove

Modifying the environment to make it safer is usually the most effective way to prevent injury. A single intervention, such as installing a gate to the kitchen, can prevent child injuries. Also, it generally is more effective and helpful for the adult/child relationship to be a protector rather than an enforcer: for example, moving or locking up hazardous items is better than having to say repeatedly to the child, "No, don't touch that."

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Safety measures that require the adult to make behavioral changes repeatedly over time, such as turning pot handles to the back of the stove, are effective but can be challenging to sustain. Teaching children safety practices, such as not touching the stove, often takes many reminders. However, teaching young children safe behaviors is a very important way to prevent injury because it can protect them throughout their lives.

Unfortunately, sometimes it takes an injury (like the child getting burned from the stove) for children and adults to recognize that injuries do happen to us, that they are painful, and that it is worth the effort to prevent them in the future. After providing immediate care for the injured child, it is important to view the injury as a learning opportunity and to take steps to prevent a similar injury in the future.

D. The Importance of Maintaining Safety

Once we've taken some steps toward preventing injuries—making the environment safer or teaching safe behaviors—we cannot simply relax and be confident that the children are safe. Single changes cannot make the environment safe forever. Injury prevention requires frequent and periodic inspections and maintenance of the environment, and continual observations of behaviors, reminders, and enforcement of safety rules.

For example, to create a safe playground, safety interventions are needed over time:

- **Initially:**
  - Research, purchase, and install safe and age-appropriate playground equipment over approved absorbent material at proper depth (e.g., rubber mats, wood chips, or sand).
- **Daily:**
  - Inspect play area and remove hazards such as broken glass and plastic bags.
  - Inspect for broken equipment. Repair as needed.
  - Rake or sweep to maintain wood chips and or sand.
  - Supervise children's behaviors and remind them about safety rules such as stopping the swing before getting off and going feet-first down the slide.

- **Monthly:**
  - Inspect play area and remove hazards such as beehives and wasp nests.
  - Thoroughly inspect and repair unsafe equipment such as loose hardware, splintering or rotting wood, exposed concrete footings, rusted metal chains, sharp or protruding edges, broken rails or steps.
  - Inspect depth of absorbent material. Rake or replace, as needed.
- **Every 3-6 months:**
  - Review injury logs *(see Module 3: Preparing For and Managing Emergencies)* to identify patterns of injuries involving pieces of equipment or behaviors. Develop strategies to prevent future injuries.

Questions for Discussion/ Reflection

Over the last 30 years, much has been written about the daily measures we should take to prevent injuries. From the media to school, work, and doctors' offices, children and adults are bombarded with safety messages such as, "Fasten your seat belt," "Don't drink and drive," "Bend your knees when you lift," and "Use your words not your fists."

However, while we may **know** what we should do to prevent injuries, we may not always **do** it.

- What are some reasons why adults don't follow safety practices?
- Why don't children always follow safety practices?
- How can understanding these reasons help to develop more effective injury prevention strategies?

References for Background Information

American Red Cross. *Child Care Course: Health and Safety Units—Unit A (Preventing Childhood Injuries) and Unit B (Infant and Child First Aid).* Washington, D.C.: American National Red Cross, 1990.

Activity 1: Prevention and Development

Purpose: This activity helps participants explore the relationship between childhood injury prevention and child development. (*This activity is a continuation of Activity 2: Injuries and Development in Module 1: Understanding Childhood Injuries.*)

For this activity you will need:

- Flip chart paper and markers (4)
- Appendix 1: Safety for Young Children
- Three charts developed by participants in *Activity 2: Injuries and Development* from *Module 1: Understanding Childhood Injuries:*
  - Infants
  - Toddlers
  - Preschoolers
- Index cards

Step 1: Explain to participants that this activity will explore adults' roles in preventing childhood injuries. To prevent children's injuries, adults must:

- understand children's development and the hazards they face; and
- follow safety practices as "protector," "role model," and "teacher."

Step 2: Write "protector," "role model," and "teacher" on the flip chart paper. Ask participants to explain what each of these terms means.

Step 3: Distribute the Appendix 1: Safety for Young Children to participants. Explain that this handout lists some of the characteristics, injury risks, and injury prevention measures for infants, toddlers, and preschoolers. These charts describe for participants characteristics and injury prevention measures for typically-developing children. They may be adapted for children with disabilities.

Give participants a minute to briefly review the handout.

Step 4: Ask participants to focus their attention on the section "Injury Prevention Measures." Beginning with the page on Infants, ask participants to try to identify an Injury Prevention Measure that is an example of the adult's role as "protector," "role model," and "teacher." Then do the same for the Toddlers and the Preschoolers. *(**Note**: There might not be an example listed for each role at each developmental stage.)*

Ask participants:

- How does the adult's role in injury prevention seem to **stay the same** over the child's development from infant to toddler to preschooler?
- How does the adult's role in injury prevention seem to **change** over the child's development from infant to toddler to preschooler?

Step 5: Divide participants into three groups corresponding to the developmental stages:

- **Infants** (birth to one year)
- **Toddlers** (one to three years)
- **Preschoolers** (three to five years)

Step 6: Give each group a marker and the appropriate chart with the "Type of Injury" and "Causes" columns previously completed by participants in *Activity 2: Injuries and Development* in *Module 1: Understanding Childhood Injuries*.

Step 7: Have the small groups fill in the "Prevention" column with strategies to prevent each type of injury. For example:

Developmental Stage: **Infants**

Type of Injury	Causes	Prevention Measures
Falls	- high chair	- use high chair with secure base - use safety strap - sit down to eat with baby - don't let baby stand

In developing prevention strategies, consider adults' roles as protectors, role models, and teachers. Allow 20-30 minutes.

Step 8: Return to the large group and have each small group report its discussion and chart, progressing from Infants to Toddlers to Preschoolers.

Step 9: Ask participants the following questions:

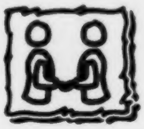
- What are some injury prevention measures that are specific to a particular developmental stage?
- What are some of the similar injury prevention measures across all of the developmental stages?

Step 10: Give each participant an index card. Ask them to write down one new injury prevention measure that they will apply in their program as a protector, role model, and teacher for children's safety. Ask them to share their plans with the person sitting next to them and agree to follow-up with each other after one month.

Points to Consider:

- Prevention measures must be tailored to each child's developmental stage, capabilities, temperament, and interests.
- Adult caregivers can help prevent children's injuries by being protectors, role models, and teachers.
- The adult's role as "protector" remains the most important throughout early childhood; the adult's roles as "role model" and "teacher" increase as the child gets older and begins to imitate adults and understand more.
- Across all ages and developmental stages, common measures for preventing childhood injuries include:
  - setting up and maintaining a safe environment;
  - establishing and teaching children the safety rules;
  - supervising children closely; and
  - enforcing the safety rules.

Activity 2: A Day in A Life—The Adult's Perspective



Purpose: This activity helps participants clarify adults' roles in preventing childhood injury. (*This activity is a continuation of Activity 3: A Day in A Life–The Child's Perspective in Module 1: Understanding Childhood Injuries.*)

For this activity you will need:

- Key to Activity 2: Injury Hazards—*For Trainer Only*
- Writing materials

From Module 1: Understanding Childhood Injuries

- Handout A-1: An Infant's Day—Suzie
- Handout A-2: A Toddler's Day—Henry
- Handout A-3: A Preschooler's Day—Rickie
- Handout B: Injury Hazards (three copies completed by each participant in *Activity 3: A Day in A Life–The Child's Perspective)*

Coach Preparation Note:

Attach each of the Handouts A: 1-3 to the corresponding copy of Handout B.

Step 1: Explain to participants that this activity will explore adults' roles in preventing childhood injuries. To prevent children's injuries, adults must:

- understand children's development and the hazards they face; and
- follow safety practices as protector, role model, and teacher.

Step 2: Ask participants: What are some examples of ways in which adults prevent children's injuries by being...

- protectors of children?

- role models for children?

- teachers of children?

Step 3: Distribute to participants Handouts A-1: An Infant's Day—Suzie, A-2: A Toddler's Day—Henry, and A-3: A Preschooler's Day—Rickie, with the corresponding Handout B: Injury Hazards attached that were completed by participants in *Activity 3: A Day in A Life—A Child's Perspective* from *Module 1: Understanding Childhood Injuries.*

Step 4: Beginning with the first copy of Handout B: Injury Hazards attached to Handout A-1: An Infant's Day—Suzie, for each of the "Causes of Injury" and "Type of Injury" identified, write in the "Prevention Measures" column strategies to prevent injury to the child. For example:

Location/Activity: **Kitchen/Eating Area**

Cause of Injury	Type of Injury	Prevention Measures
- High Chair	- fall	- use high chair with secure base - use safety strap - sit down to eat with baby - don't let baby stand

In developing prevention strategies, consider adults' roles as protectors, role models, and teachers. Allow 10-15 minutes for each story.

Repeat with the second copy of Handout B for Henry the Toddler and the third copy of Handout B for Rickie the Preschooler. Refer to the Key to Activity 2: Injury Hazards as a guide.

Step 5: Return to Handout A-1: An Infant's Day—Suzie. Have a participant begin to read the story from the child's perspective. Stop reading at every point in the story that the child approaches an injury hazard, and have another participant use Handout B as a guide to interject the adult's perspective—what adults need to do to prevent Suzie's injury.

For example:

- "I'm Suzie...I've been sleeping in the **crib**..." (One participant to read from the child's perspective)

- "...That's a **newer crib** that meets safety recommendations of narrower slats that I can't stick my head through." (Another participant to interject from the adult's perspective)

Repeat for the stories of Henry and Rickie (Handouts A-2: A Toddler's Day and A-3: A Preschooler's Day).

Step 6: Ask participants:

- How did it feel to be the adults (parents, grandparents, older siblings, Head Start teachers) in each child's life?

- What are some injury prevention-measures that are specific to a particular developmental stage?

- What are some similar injury-prevention measures across all of the developmental stages?

- What are some ways to help adults in their roles in preventing children's injuries?

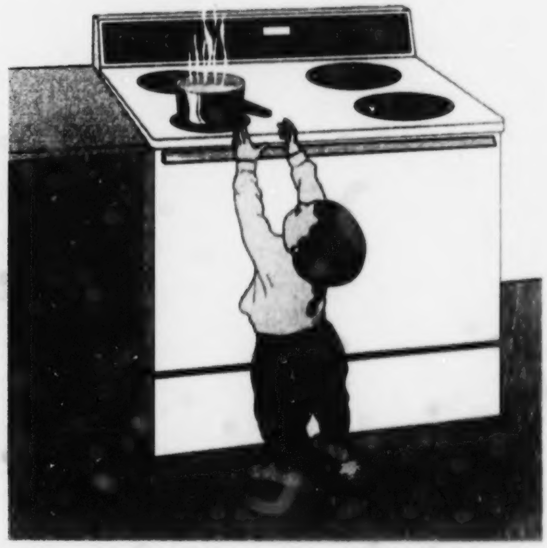
Points to Consider:

- Caregivers of children help prevent injuries among children through their roles as protectors, role models and teachers.

- Prevention measures must be tailored to each child's developmental stage, capabilities, temperament, and interests.

- Across all ages and developmental stages, common measures for preventing childhood injury include:
  - setting up and maintaining a safe environment;

  - establishing and teaching children the safety rules;
  - supervising children closely;
  - enforcing the safety rules.
- Adults who supervise children must be constantly aware of the hazards children face and constantly taking measures to prevent them from being injured. This can be stressful. Some strategies to reduce the stress of preventing injuries include:
  - ensuring that the environment is developmentally-appropriate and as safe as possible;
  - enlisting the help of other adults in supervising the children; and
  - clarifying who is responsible during transitions between activities.



Key to Activity 2: Injury Hazards—*For Trainer Only*

Child: Suzie **Development Stage:** Infant

Location/ Activity	Cause of Injury	Type of Injury	Prevention Measures
Bedroom/ Naproom	- *old crib with wide slats* - *window shade cord* - *paint chips* - *hood with drawstring*	- *strangulation* - *strangulation* - *lead poisoning* - *strangulation*	- *newer crib with narrow slats* - *move crib away from window, tie up cords* - *re-paint walls with lead-free paint* - *remove drawstring*
Bathroom/ Diapering Area	- *diaper table* - *baby powder* - *latex gloves*	- *fall* - *choking* - *choking*	- *keep secure on table* - *don't give baby powder* - *don't give latex gloves*
Kitchen/ Eating Area	- *high chair* - *hot milk* - *feeding table* - *cleaning fluids in cabinet under sink* - *meat chunks*	- *fall* - *burn* - *scratches* - *poisoning* - *choking*	- *use safety strap, no standing* - *warm bottle under tap or in pot, shake well* - *supervise* - *safety lock on cabinet* - *cut meat in small pieces or puree*
Transportation	- *pickup truck* - *double parking*	- *car crash* - *car/pedestrian crash*	- *use car seat and seat belts* - *park at curb or parking lot*
Play Activities at Head Start and at Home	- *painted blocks* - *electric cord* - *earrings, necklace* - *infant walker* - *candy*	- *lead poisoning* - *electrocution* - *choking* - *fall, crushed fingers* - *choking*	- *lead-free or plastic blocks* - *supervise, get cord out of reach* - *don't wear dangling jewelry* - *supervise, no infant walker* - *no candy*

Key to Activity 2: Injury Hazards—*For Trainer Only*

Child: Henry **Development Stage:** Toddler

Location/ Activity	Cause of Injury	Type of Injury	Prevention Measures
Bedroom/ Naproom	- *vitamins, cigarettes* - *gun* - *chair to dresser*	- *poisoning* - *shooting* - *fall*	- *vitamins, cigarettes out of reach* - *gun and ammunition separate, locked up, and out of reach* - *clothes at child's level*
Bathroom/ Diapering Area	- *potty "accident"* - *pushing at sink*	- *fall, child abuse* - *fall*	- *supervise, parent education or developmentally appropriate expectations, and discipline* - *supervise, "no pushing" rules*
Kitchen/ Eating Area	- *steam kettle, stove* - *hot oatmeal* - *jumping when eating carrots and dinner*	- *burn* - *burn* - *fall, choking*	- *supervise, pot on back burner* - *cool down, test temperature* - *eat sitting down*
Transportation	- *running across street* - *criminal activity*	- *car/pedestrian crash* - *shooting*	- *use crosswalk* - *find safer route, advocate for community safety*
Play Activities at Head Start and at Home	- *pushing each other* - *marble* - *television violence* - *throwing sand*	- *fall* - *choking* - *violence* - *eye injury*	- *supervise, structured activities, "no pushing" rules* - *supervise, age-appropriate toys* - *no violent television, age-appropriate activities* - *more shovels, "no throwing sand" rule*

Key to Activity 2: Injury Hazards—*For Trainer Only*

Child: Rickie **Development Stage:** Preschooler

Location/ Activity	Cause of Injury	Type of Injury	Prevention Measures
Bedroom/ Naproom	- *paint chips*	- *lead poisoning*	- *paint walls*
Bathroom/ Diapering Area			
Kitchen/ Eating Area	- *eating clay, sand, plants* - *eating dinner without washing hands*	- *poisoning, infectious disease* - *poisoning, infectious disease*	- *supervise, check for nutritional deficiency, nontoxic plants* - *wash hands before meals*
Transportation			
Play Activities at Head Start and at Home	- *jumping off swings onto hard, dirt surface* - *high climbing structure* - *diving down slide* - *carpentry* - *care by 8-year-old* - *barefoot outdoors* - *farm equipment, tools, nails, chemicals* - *irrigation ditch, drainage pipes*	- *fall* - *fall* - *fall* - *hand injury* - *any type of injury* - *puncture wound* - *crushing, punctures, amputation, poisoning* - *drowning, animal/snake bite*	- *supervise, "no jumping" rules, proper absorbent surface under swings* - *climbing structure lower than six feet* - *supervisie "no diving" rules* - *supervise "proper hammering" rules* - *adult supervision after school* - *wear shoes outdoors* - *lock shed* - *safer play area*

Activity 3: The Challenge of Prevention

Purpose: This activity helps to increase staff awareness of the challenges to implementing changes that can prevent injuries.

For this activity you will need:

- Handout C: The Challenge of Prevention
- Flip chart paper and marker
- Overhead transparency, projector and screen (optional)

> ***Trainer Preparation Notes:***
>
> *Before the workshop, review the* **Background Information** *section on* **"Turning the Injury Triangle into the Safety Triangle"** *and copy the* ***Safety Triangle*** *onto an overhead transparency or the flip chart paper.*

Step 1: Explain to participants that this activity will increase awareness of the challenges involved in making changes in the environment and behavior to prevent injuries.

Step 2: Post the flip chart drawing of the Safety Triangle, and review with participants the ***Background Information*** on "**Turning the Injury Triangle into the Safety Triangle**."

Step 3: Distribute Handout C: The Challenge of Prevention to participants. Read aloud Story 1: Darla.

Step 4: Ask participants:

- How do you think Darla feels when she hears about the safety problems in her apartment?

- What are some of Darla's challenges to...
    - making the environment safer (e.g., the chipping paint, electrical outlets, old crib)?
    - following safer behaviors (e.g., locking the cabinet under the sink, removing the five-gallon bucket)?

On one piece of flip chart paper, write "Challenges to Prevention" and list the challenges that participants identify.

Step 5: Ask participants: Understanding Darla's challenges, how can the Head Start home visitor help make injury prevention easier for Darla?

On another piece of flip chart paper, write "Strategies for Prevention" and list the strategies that participants identify.

Step 6: Read aloud Story 2: Fallsville Head Start.

Step 7: Ask participants:

- How did the health coordinator and teacher feel after the injury occurred?
- What were some of the challenges to the health coordinator and teacher in...
    - making the environment safer (e.g., the climbing structure, ground covering)?
    - following safer behaviors (e.g., rules about when and how children play on the climbing structure, adult supervision)?

Returning to the flip chart paper entitled, "Challenges to Prevention," add the challenges that participants identify.

Step 8: Ask participants: Understanding the Head Start program's challenges, what are some strategies for improving injury prevention in the program?

Returning to the flip chart paper entitled, "Strategies for Prevention," add the strategies that participants identify.

Step 9: Ask participants: How are the challenges to and strategies for preventing injury similar for Head Start programs and their families at home?

Points to Consider:

- There are many reasons why families and Head Start programs do not make the necessary changes in the environment and in behaviors to prevent injuries. These include:
  - being unaware of the injury risk or how to prevent it
  - feeling overwhelmed, too busy with more immediate priorities
  - making the changes are too expensive
  - feeling as though they have no control over the changes (e.g., rented housing, migrant camp, not being a decision-maker in the program)
- Understanding the challenges can help to develop prevention strategies such as:
  - supporting the strengths in the situation
  - identifying the more important safety measures needed, clarifying why they're important, and suggesting simple, low-cost steps to take
  - providing materials and helping to make the safety improvements (e.g., smoke detectors, batteries, electrical outlet covers, Ipecac, thermometer, telephone emergency stickers, car seats)
  - identifying community resources that can help (e.g., lead abatement, tenants' rights organizations)
  - following up with reminders and support for maintaining injury-prevention measures
- Injury prevention, in Head Start programs and at home, involves continual attention to setting up and maintaining a safe environment and safe behavior.

Module 2

Activity 4: Program Safety Check

Purpose: This activity helps staff gain skills in inspecting their program for safety and making improvements. It is particularly helpful for health coordinators, education coordinators, and lead teachers. A parent from the Policy Council and a member of the Health Services Advisory Committee also ought to be involved in this activity.

For this activity you will need:

- Handout D: Program Safety Check
- Appendix 2: Health and Safety Checklist
- Tape measures
- Thermometers (extending from below 0 degree F. to above 120 degrees F.)
- Flip chart paper and marker

> ***Coach's Note:***
>
> *This activity involves an initial two-hour session on-site at the Head Start program, and a follow-up session of 30-60 minutes.*

Step 1: Explain that many details are involved in preventing injuries at a Head Start program. This activity will help staff to assess the facilities and program practices so they can identify needed safety improvements.

Step 2: Give participants Handout D: Program Safety Check. Discuss the importance of getting everyone in Head Start involved in making sure all areas of the facility and all activities are safe and checked frequently. Ask participants:

- In your program who is responsible for safety checks?
- How often are safety checks done?
- What is checked? Is a checklist used?

Ci

Step 3: Distribute Appendix 2: Health and Safety Checklist. Explain that the checklist is organized by location in the facility. *(Note: This checklist was developed by the American Academy of Pediatrics. It represents current "best practices" and includes some safety recommendations that go beyond the requirements of the Head Start Program Performance Standards.)*

Step 4: Take 10-15 minutes to briefly review the entire checklist together. Ask participants:

- Are there any safety features that you do not understand in terms of...
  - how the safety feature is checked or measured?
  - why it is important, and what type of injury it prevents?

Answer the participants' questions. If you do not know the answer to a question, the coach or participants should consult the written references or organizational resources *(see Resources)*.

Step 5: Give participants the tape measures and thermometers. Tell them to take 60 minutes or more, if needed, to check the facilities, practices, and complete the checklist.

If there are several participants, they may want to work together or divide up the checklist and have each participant do selected sections.

Step 6: When the participants complete the checklist, bring them back together to discuss the results.

First, focus on all of the "Yes" items. Congratulate them—these show that there are many ways that their Head Start program is protecting the children's safety.

On a piece of flip chart paper, write the heading, "Program Safety Needs." List every "No" item from the checklist under this heading.

Step 7: After all of the Program Safety Needs are listed, examine each item on the list. Ask participants:

- Why is this item important to prevent injuries?
- Has an injury resulted from this item?

- How urgent is this safety item: Is it an immediate risk to safety? Is it an item required by Head Start Program Performance Standards, state child care licensing regulations, or local safety codes?

Based on this discussion, have participants try to prioritize the three to five items to address first. (Save the entire list for follow-up.)

Step 8: On another piece of flip chart paper, list the following headings (from left to right): "Safety Need," "Improvement Plan," "Who Is Responsible," and "Timeline."

- Under the first heading, "Safety Need," list each of the priority safety items. Then have participants fill in the rest of the chart.
- Under "Improvement Plan," list what must be done to make the improvement (e.g., revise safety policies, train staff, post instructions, replace equipment, modify the facilities).
- Under "Who Is Responsible," identify who will take responsibility for making the improvements.
- Under "Timeline," list the expected date by which improvements should be made. Set a date to bring the group back together to follow-up on the improvements.

Step 9: Reconvene the group at the designated time. Ask the group to discuss the progress made on the Improvement Plan. For every safety improvement made, congratulate the group.

Select more Program Safety Needs from the list that are in the next highest priority level. Develop the Improvement Plan and follow-up as in **Steps 8** and 9.

Points to Consider:

- Head Start programs should periodically monitor safety features, practices, and injuries in order to develop strategies to prevent future injuries. Using safety checklists and injury logs can be helpful *(also see Module 3: Preparing For and Managing Emergencies)*.
- If the safety check identifies a hazard that is an immediate threat (e.g., scalding tap water, broken window, frayed electrical cord, broken handrail, unstable climbing equipment) it should be made off-limits to children and fixed as soon as possible.
- Understanding the challenges to prevention can help to develop prevention strategies such as:
  - supporting the strengths in the situation
  - identifying the most important safety measures needed, clarify why they're important, and suggest simple, low-cost steps to take
  - offering help in making the changes
  - identifying community resources that can help (e.g., lead abatement programs, etc.)
  - following up with reminders and support for maintaining injury-prevention measures
- Injury prevention in Head Start involves continual attention to setting up and maintaining a safe environment and safe behavior.

Activity 5: Home Safety Check

Purpose: This activity helps staff gain skill in helping families to improve the safety of their homes. It is particularly useful for home visitors.

For this activity you will need:

- Handout E: Home Safety Checklist (3 copies per participant)
- Thermometers (extending from below 0 degree F. to above 120 degrees F.), tape measures
- Pens or pencils

> ***Coach's Note:***
>
> *This activity involves an initial session of 30 to 60 minutes, then two home visits, and a follow-up session of approximately 30 minutes.*
>
> *For more information about environmental safety, see the Health guide,* **Sustaining a Healthy Environment.**

Step 1: Explain that this activity develops skill in helping families to make their homes safer—the environment and behaviors.

Step 2: Ask participants:

- What have you observed on home visits that make you concerned for any family member's safety?
- What has been your experience in discussing home safety with families?
- Have you ever used a safety checklist on home visits?
- What are the advantages of using a checklist?
- What concerns do you have about using a checklist?

Step 3: Distribute three copies of Handout E: Home Safety Checklist to each participant. Explain that this checklist can be used as a guide for important safety features according to location in the home.

Take up to 10 minutes to review the entire checklist together. For each safety feature, ask participants:

- How is it checked or measured?
- Why is it important?
- What type of injury does it prevent?

Step 4: Ask participants:

- How could you incorporate the Home Safety Checklist into a home visit?
- What could you do to help families feel comfortable and successful with the Home Safety Checklist?

Step 5: Imagine that you go on a home visit and take the Home Safety Checklist. Imagine that you and the family find many safe items, but one item in each room is a safety concern. Select which ones.

Do a brief role-play with the coach or among participants demonstrating how you would discuss the home safety check with the parent. Make sure that every participant has an opportunity to play the home visitor and the parent.

Step 6: Tell participants to use one copy of Handout E: Home Safety Checklist to check their own home first. Ask them to observe how long that takes, what is easy and hard about going through the checklist, and how it feels to identify safety weaknesses as well as strengths.

Step 7: Next, have participants use the other two copies of the Home Safety Checklist on a home visit with a Head Start family.

- First ask the parents what safety concerns they have had.
- Give the parents a copy of the checklist. Briefly review the entire checklist and discuss why each safety feature is important.

- Ask them if they prefer to do the checklist on their own or with your assistance.

Step 8: If the parents choose to complete the checklist on their own, plan a follow-up visit to review the completed Home Safety Checklist with them within the next month.

If the parents choose to have your assistance at this visit, complete the checklist together, having them identify the safety concerns.

Step 9: Review the completed Home Safety Checklist with the family:

- First, focus on all of the "Yes" items. Congratulate the parents—these show that they protect the safety of their children in many ways.
- Then focus on the "No" items. Discuss with the family:
  - Why is this item important to prevent injuries?
  - Has any injury resulted from this item?
  - How urgent is this safety item?

Step 10: Have the parents identify which safety concerns they feel are most important. Help them to develop a safety improvement plan that includes what they need to make the improvement, who can help, and a realistic timeframe. Follow-up with the family on their safety improvement plan, as needed.

Step 11: After participants have completed the home visits, meet again with the coach to discuss the home safety check:

- What went well?
- What was difficult?
- What additional information and or resources were needed?
- How do you plan to follow-up with the family on the safety needs?

Points to Consider:

- Safety checklists can be helpful because they provide a systematic check of the environment and practices. When using checklists, Head Start staff should take care to avoid intimidating or overwhelming families and help them feel comfortable.

- Handout E: Home Safety Checklist is designed to be short and simple and to help families feel more comfortable with the process. While the short checklist is a guide to some important home safety features, home visitors should also use their own knowledge and experience to counsel families about safety features that may not be on the checklist.

- Various strategies can be used to help families feel comfortable and successful with home safety. For example:

  - First develop trust with families, then discuss safety on a later visit.

  - To encourage the parents' acceptance, offer them a safety check rather than impose it on them.

  - Allow the parents to choose whether to complete the safety check on their own or with your assistance.

- Understanding the challenges to prevention can help to develop prevention strategies such as:

  - supporting the strengths in the situation

  - identifying the most necessary safety measures, clarifying why they're important, and suggesting simple low-cost steps to take

  - providing materials and offering to help make the safety improvements (e.g., smoke detectors, batteries, electrical outlet covers, Ipecac, thermometer, telephone emergency stickers, car seats)

  - identifying community resources that can help (e.g., lead abatement, tenants' rights organization, parental stress hotline)

  - following up with reminders and support for maintaining injury-prevention measures

Next Steps: Ideas to Extend Practice

Get Children Involved in Injury Prevention

Look for additional opportunities to incorporate injury prevention into the Head Start curriculum for children. For example:

- Involve the children in safety checks or hazard hunts. Crouch down, get on your hands and knees with the children to view the environment from a child's perspective.
- Translate injury prevention into story time, finger play, and songs.
- Develop dramatic play around examples of injury such as "What would you do if a child fell off the swing...a big earthquake hit...?"
- Use the seasons and holidays to underscore specific injury-prevention messages (e.g., pedestrian safety for Halloween, drowning prevention in the summer).
- Involve children in planning and explaining the safety rules for new play equipment, a field trip, or to a new child or teacher.
- Talk with the children about what they can learn for the future from an incident, as soon as possible after the incident.
- Invite people who are involved in injury prevention such as the fire chief, doctor, and builders, to visit the program.

Take Another Look at Safety Rules

Consider whether the program's safety rules for children are effective. Do staff and parents communicate safety practices positively? Do the children seem to understand and follow those practices, in general? Or do staff and parents spend a lot of time saying, "No" and "Don't?" Make sure that your safety rules are:

- limited to as few rules as possible
- appropriate for the children's ages and development
- communicated repeatedly to children and adults
- enforced consistently, gently but firmly, including redirection to safer activities
- supported by positive feedback for following the rules.

- stated positively—what we should do, rather than what not to do (e.g., "We walk inside," not "Don't run inside;" "Keep the sand in the sandbox," not "Don't throw sand"). It is also appropriate to use "do not..." for some rules (e.g., "We do not hit other people").

Do All You Can to Prevent Violence

Understanding that violence is an increasing concern in our society, consider whether your Head Start program is doing everything it can to prevent violence.

- Is there education for staff and parents on appropriate developmental expectations?
- Is there a clear policy and education for staff and parents on child discipline—positive guidance rather than corporal punishment?
- Are staff and volunteers screened and supervised?
- Is communication with parents supportive: Are parents told good things about their children? Is family violence discussed? Are parents' concerns listened to and supported? Are problems addressed in a cooperative manner? Are other resources used?
- Are children taught how to recognize and communicate their feelings, and negotiate conflicts rather than using physical violence?
- Are nonviolent, rather than violent, activities, toys, books, television programs, movies, and role models selected?
- Are children taught that their bodies are private, that they can say "no" to unwanted touches (from a known person or a stranger), to communicate openly and not keep secrets, and to tell a trusted adult if someone touches them inappropriately?

Rethink the Head Start Playground

The Head Start playground is a tremendous source of enjoyment and learning for children as well as a risk for injuries. Re-evaluate how the playground is working for your Head Start program:

- Is it developmentally stimulating and fun?
- Is it accessible for children of differing abilities?

- Is it safe for all children?

Get input from children, parents, staff, and playground experts. Develop a plan for improving the playground. Identify resources through facilities/site improvement funds or raise funds to make the improvements.

Teach Children About Safety

One of the many roles of parents and staff is to teach children about safety. Materials and resources to help staff set up activities that will teach children safe practices can be requested from organizations.

Use the following materials to design activities that teach children how to prevent injuries:

- "Buckle Up" materials from the National Highway Traffic Safety Administration
- Bicycle Helmet Campaign materials from Kidsafe
- Fire safety materials, including "Stop, Drop, and Roll" information from the Smokey the Bear Campaign
- Big Bird Gets Ready for Earthquakes, from "Sesame Street"

Safety
First

Handout C: The Challenge of Prevention

Story 1: Darla

Darla is a 20-year-old mother of three children ages three years, two years, and six months. They all live in a two-room apartment. Her three-year-old son, Carter, just enrolled in Head Start.

When the Head Start worker comes for a home visit, Darla appears very tired. She invites the home visitor to sit and have a cup of tea. The home visitor has a friendly and helpful manner. She asks lots of questions about when Carter was a baby, about doctor's checkups, and about their living situation. The home visitor explains that Head Start is working with families to help keep children from getting hurt at home. She points out wall paint that's chipping, exposed electrical outlets, the open cabinet under the sink with cleaning products, a five-gallon bucket with soapy water on the floor, and an old crib with widely spaced slats and corner posts. The home visitor explains that Head Start can help Darla make her apartment safer for her children.

Story 2: Fallsville Head Start

The Fallsville Head Start program has been running for nearly 30 years. The facilities are old but the staff, parents, and children make it cheery with brightly colored artwork.

Today was hectic all around. It rained in the morning. When it cleared up, the children were eager to play outdoors, although the equipment was wet and slippery. The toilet broke so the teacher was talking with the plumber. The teacher's aide had called in sick and a new parent was filling in. That's when it happened—a child fell off the playground climbing structure onto the dirt underneath and broke her leg.

This was the first broken leg caused by a fall off the climbing structure. But the teacher recalled that over the years they've also had two concussions and two broken arms from falls off the climber.

The health coordinator had recently attended a workshop where she learned that old playground equipment may not be safe and there are new safety standards for heights, railings, and ground covering. She had been meaning to discuss this with the director.

For use with Activity 3

Handout D: Program Safety Check

Who? Safety is everyone's business! Head Start staff and parents must make sure that the play areas and activities are safe. Community volunteers can help. Children can help too—you can make up a "hazard hunt" for them.

When? Do program safety checks at least every month.

What? Every part of the Head Start program must be safe—all areas of the facility and all activities.

How? Use the ***Health and Safety Checklist*** *(see Appendix 2)* to check the following:

- General Indoor Areas
- Toys and Equipment
- Hallways and Stairs
- Kitchen and Food Preparation and Storage Areas
- Bathrooms
- Active Play Areas Including Playgrounds:
  - Surfacing
  - Fall Zones
  - Protrusions and Entanglements
  - Entrapment
  - Equipment Spacing
  - Trip Hazards
  - Appropriate Activities and Equipment
  - Pinch, Crush, and Shearing Points
  - Guardrails, Handrails, & Safety Barriers
  - Unsafe Equipment
  - Maintenance
  - Supervision
  - Slides
  - Sand
  - Swings
  - Multiaxis Tire Swings
  - Climbers
  - Merry-Go-Rounds
  - Spring Rocking Equipment
  - Other Hazards
- Swimming Pools
- Emergency Preparedness
- Vehicles

Why? Together, we can prevent children's injuries in Head Start!

For use with Activity 4

Handout E: Home Safety Checklist

Safety Item	Yes	No	Comments
General Household			
Walls, floors, are in good repair and free of chipping paint.			
Stairways have gates (for infants/toddlers) and handrails.			
Windows have screens or guards.			
Window shades don't have dangling cords.			
Fireplaces and heaters have protective screens.			
A smoke detector is on each floor, tested monthly, and batteries changed yearly.			
Everyone knows fire escape routes out of the house.			
Electrical outlets have safety covers.			
Pins, coins, nails, jewelry, plastic bags, balloons, and other chokable items are out of reach.			
Cigarettes, lighters, ashtrays, and alcohol are out of reach.			
Infant walkers are not used.			
Infants and young children are never left home alone or with another young child.			
Children watch television less than two hours a day, and no violent shows.			
Children are disciplined by positive guidance, not by belittling or hitting.			
Firearms are separate from ammunition, locked up, and out of reach.			
Emergency numbers are posted near the telephone.			
Kitchen			
Knives, glassware, and matches are out of reach.			
Cleaning products are out of reach.			
Pots on the stove have handles turned backward.			
The high chair is sturdy with a safety strap.			
Children under four are not fed chokable foods (e.g., hot dog rounds, candy, nuts, popcorn, grapes, chunks of meat).			

For use with Activity 5

Handout E: Home Safety Checklist *(continued)*

Safety Item	Yes	No	Comments
Bathroom			
Medicines and vitamins are in original, child-proof containers.			
Medicines, vitamins, cosmetics, mouthwash, and cleaning fluids are out of reach.			
Ipecac is available for poisoning emergency.			
Hair dryers and curling irons are unplugged and away from water.			
Tap water temperature is 120° Fahrenheit or less.			
Young children are never left alone in the bathtub.			
Bedroom			
Infants sleep in a crib, not on a waterbed, beanbag chair, sheepskin, pillow, or down comforter.			
Infants are put to sleep on their backs.			
Cribs have slats less than 2 3/8" apart, a tight fitting mattress, and no cornerposts or cut-outs.			
Garage and Basement			
Insect spray, fertilizer, weed killer, paint, gasoline, and other chemicals are in original containers and out of reach.			
Sharp tools and electrical equipment are out of reach.			
Outdoors			
Balconies have protective railings.			
The play yard is fenced in.			
Pools, wells, hot tubs, and ponds are fenced on all sides.			
Play equipment is in good repair, lower than six feet and over sand or wood chips, not concrete, dirt, or grass.			
Children wear helmets when riding tricycles and bicycles.			
Children are secured in car seats (up to 40 pounds and 4 years) and seat belts when riding in a car (in the back seat) or truck.			

For use with Activity 5

Preparing for and Managing Emergencies

> ***Note to Trainer/Coach:***
>
> *Head Start staff should receive training in handling medical and dental emergencies. This module can be done in addition to the standard training.*

Outcomes

After completing this module, participants will:

- *prepare policies, procedures, and provisions for emergencies;*
- *assess, care for, and document injuries in their program; and*
- *review injury patterns to improve injury-prevention efforts.*

Key Concepts

- **Emergencies and severe injuries are rare, but they can have a significant impact on the health and well-being of staff, children, and families.**
- **Head Start staff can minimize the harmful consequences of emergencies by preparing in advance with emergency policies, provisions, and education for staff, children, and parents.**
- **Managing injuries effectively involves:**
    - **surveying the scene**
    - **assessing the injured child**
    - **providing immediate care for the child, including first aid**
    - **notifying parents**
    - **obtaining emergency medical care, if needed**
    - **documenting and reporting the incident and actions taken**
- **During and after injuries, staff should communicate sensitively with the injured child and other children, staff, and parents to address their fears and concerns.**
- **Debriefing after emergencies and periodic review of injury reports can help identify strategies to prevent and manage injuries more effectively.**

FIRST AID
KIT

Background Information

A. Emergency Policies

Although emergencies and severe injuries are rare, they do happen. The best way for Head Start programs to handle emergencies effectively and minimize the harmful consequences is to prepare thoroughly in advance.

Head Start programs need emergency policies, procedures, provisions, and training that comply with the Head Start Program Performance Standards and state child care licensing regulations. In some cases, state Nurse Practice Acts may apply. According to **Head Start Program Performance Standards** and best practice standards, every program should have emergency policies and procedures covering the following:

- supervision
- safety surveillance
- medication administration
- medical emergencies
- dental emergencies
- first aid
- blood-borne pathogens precautions
- emergency contacts (e.g., police, fire, ambulance, poison control, child protective services)
- notifying parents
- transporting children (e.g., daily transport to and from program, field trips, to hospital)
- exclusion guidelines
- evacuation of the site and emergency shelter (e.g., for fire, storm, earthquake, bomb threat, power failure)
- inflicted injuries (e.g., biting, hitting)
- child abuse and neglect
- dangerous parent situations (e.g., non-custodial parent, intoxication, threat of violence, unauthorized person)

Most of the policies and procedures can follow general recommendations outlined in current health and safety resources *(see **Resources**)*. However, programs may need to individualize certain emergency procedures for children with disabilities and special medical needs. For example, special evacuation procedures may be needed for children in wheelchairs, and special emergency provisions may be needed for children who take daily medications.

The policies and procedures should address who is responsible and what needs to be done. They must be in writing and communicated to new staff in orientation training with periodic updates for all staff. They should be readily accessible with key information posted, such as emergency telephone numbers and exit routes.

Emergency supplies (e.g., first aid kit and three-day supply of food or formula, water, clothes, diapers, blankets, flashlight, batteries, medications, etc.) should be prepared and restocked as needed. The first aid kit and children's emergency individual information must be accessible to indoor and outdoor areas in the program as well as transportation and on field trips.

Staff, parents, and children should have periodic opportunities to practice emergency procedures. This helps everyone follow the basic rules of emergency response: stay calm, follow emergency procedures, and act quickly. Fire drills should be scheduled monthly, at different times of the day to allow practice evacuating the site from different activities. Dramatic play games, such as "What if..." can help children understand what an emergency is and role-play what they should do.

B. Managing Injuries: Physical and Psychological First Aid

In managing emergencies, it is crucial to remember that the impact of emergencies and injuries is both physical and psychological. Any injury, whether a fall or child abuse, leaves physical and emotional bruises. Also, every incident affects not only those with physical injuries but also other children and adults who observed the incident or have a relationship with the injured person. Other children and adults often experience concern and fear for the injured person as well as for themselves.

For these reasons, attention should be paid to both physical and psychological first aid, treatment and follow-up for children, staff, and parents during and after an incident. During and after injuries, staff should take care to communicate sensitively with the injured child and other children, staff, and parents to address their fears and concerns. Head Start programs should rely on both their emergency medical services as well as mental health professionals for consultation and help with emergencies.

C. Documenting, Debriefing, and Following Up Incidents

After any incident or injury, it is important to document what happened and what actions were taken. Injury or incident report forms can help to ensure thorough documentation of the incident. This documentation helps inform parents and health care providers so that they can give the child the best possible care. Documentation also may be needed for reporting serious incidents to the licensing agency or for other legal review. Programs should periodically review incident reports and injury logs to determine how emergencies could be handled more effectively.

After any serious incident, Head Start staff, parents, and children should "debrief." Mental health professionals can give guidance and help facilitate discussions of what happened and how everyone is feeling. Debriefing allows children and adults to tell their story and regain a sense of control that can minimize the negative long-term effects of frightening, traumatic incidents.

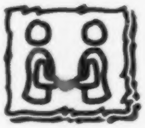
Follow-up discussion of incidents can also help to identify what still needs to be done and what could have been done to prevent or manage the incident more effectively. With good follow-up, an unfortunate incident can be turned into an opportunity for learning and growth like the "new trees growing after the forest fire."

Questions for Discussion/ Reflection

Think about an emergency situation that your program has faced in the past year.

- What was the overall impact of this emergency on staff, children and parents?
- What aspects of the emergency situation were handled well?
- What aspects could have been handled better?
- Were staff, children, and parents adequately prepared in advance with emergency policies, procedures, and provisions? If not, have policies and procedures been revised to address this need?
- Was there adequate debriefing and follow-up after the emergency?

Activity 1: Preparing for Emergencies in Head Start



Purpose: This activity helps to improve Head Start policies and procedures for emergencies. It is particularly helpful for management staff and lead teachers in conjunction with members of the Policy Council, Health Services Advisory Committee, and a health consultant.

For this activity you will need:

- The Head Start program's Emergency Policies
- The Head Start Program Performance Standards
- Your state child care licensing regulations
- Other model health policy samples
- Overhead transparency, projector, screen, and marker
- Key to Activity 1: Preparing for Emergencies in Head Start—*For Trainer Only*

Trainer Preparation Note:

Prior to the activity, review your Head Start program's health policies. Collect some model health policy samples from sources referred to in the **Resources** *section in this guide, or from your Regional Offices, Head Start Quality Improvement Centers, state health coordinator cluster meetings, and other health and management conferences.*

Copy onto overhead transparencies the Key to Activity 1: Preparing for Emergencies in Head Start. *On the overhead transparencies, use a marker to check off which policies, procedures, and forms the program has.*

Step 1: Explain that this activity will involve reviewing and revising the program's emergency policies to ensure that they are clear, comply with current standards and regulations, and address the program's emergency needs.

Step 2: Project the overhead transparencies of the chart of the program's emergency policies, procedures, and forms.

Step 3: Discuss the emergencies that your program has faced over the past few years:

- Did your emergency policies, procedures, and training prepare you adequately to manage the emergencies?
- Do you need to add or revise any of the policies, procedures, and forms to manage such incidents more effectively?

Add any comments on changes or additions needed in the "Comments" section.

Step 4: Think about any recent changes in the Performance Standards, regulations, and health recommendations.

- Do you need to add or revise any of the policies, procedures, and forms to address these standards?

Add any needed comments on changes or additions in the "Comments" section.

Step 5: Compare your program's policies to those of other programs and resources.

- Would you like to add any policies or revise any of the existing policies to make them more effective?

Add any comments on changes or additions needed in the "Comments" section.

Step 6: Discuss with participants how to proceed with reviewing and revising the emergency policies, procedures, and forms. One person might take responsibility for all of the policies, procedures, and forms, or the responsibilities could be divided up among several people.

Step 7: After the policies, procedures, and forms have been redrafted, circulate them among participants for review and comment. Incorporate comments into the final draft of the policies, procedures, and forms.

Step 8: Bring the participants back together again. Develop a plan for implementing the policies and procedures in the program—communicating the new policies and procedures to staff, children and parents; evaluating their effectiveness; and revising them if needed. Make plans to repeat the process of reviewing policies annually.

Points To Consider:

- Clear emergency policies, procedures, and forms can help to guide actions and ensure the safety of Head Start staff, parents, and children in the event of an emergency.
- Since health and safety requirements and recommendations change over time, it is important to review policies, procedures, and forms yearly.
- To implement policies and procedures, it is important to communicate them to staff, children, and parents.
- Emergency incidents should be used as an opportunity to review the program's emergency policies, procedures, and forms to ensure that they are as effective as possible.

SAFETY
FIRST
THE SAFE WAY IS
THE BEST WAY

Key to Activity 1: Preparing for Emergencies in Head Start—*For Trainer Only*

Policies	Procedures	Forms	Comments
First Aid	• Bites, bleeding, burns, choking, cuts, eye injury, fractures, head injury, heat stroke, poisoning, stings, unconsciousness	• Injury Report	
Medical Emergencies	• Posting emergency phone numbers • Protocols and medications for bee stings, asthma, seizures, other • Emergency medical assistance (911) • Emergency transport and caregiver to accompany child to emergency care	• Injury Report • Child Health Information/Emergency Protocols • Emergency Contacts • Emergency Transport Permission • Emergency Treatment Consent	
Dental Emergencies	• First aid for broken/knocked out tooth, cut lip or tongue	• Injury Report • Emergency Transport Permission • Emergency Contact • Emergency Treatment Consent	
Emergency Contacts	• Posting emergency phone numbers	• Police, Fire, Ambulance, Poison Control, Child Protective Services (CPS)	
Evacuation Plans	• Evacuation procedures for fire, natural disaster, power failures • Exit signs posted and evacuation routes marked • Disaster preparedness kits for classroom	• Fire Drill Records • Recharging Fire Extinguishers 83	

Key to Activity 1: Preparing for Emergencies in Head Start—*For Trainer Only*

Policies	Procedures	Forms	Comments
Transporting Children	• Daily transport to and from program, field trips, to hospital	• Emergency Transport Consent	
Notifying Parents	• Emergency phone numbers	• Emergency Contact	
Medication Administration	• Administering medications: drops, inhaler, liquids, tablets • Original container, administration, storage, documentation	• Health Provider Prescription • Parent Consent to Administer Medicine • Medication Log • Symptom Record	
Supervision	• No child left unattended • Adult:Child ratios • Supervision while using bathroom		
Safety	• Persons authorized to pick up child • Dealing with non-custodial parent attempts to claim the child without consent of custodial parent • Dealing with intoxicated parent • Reporting suspected child abuse and neglect	• Parental Authorization for Picking Up Child • Child Protective Services (CPS) Report	
Inflicted Injuries (biting/hitting)	• Discipline protocol	• Injury/Incident Report	
Precautions for Blood and Body Fluids	• Infection control guidelines for gloves, handwashing, cleaning, disinfecting • Reporting blood exposures and obtaining medical evaluation	• Incident Report • Medical Referral	

Activity 2: Preparing for Emergencies at Home

Purpose: This activity helps Head Start staff develop skills to help families prepare for emergencies. It is particularly useful for home visitors.

For this activity you will need:

- Handout F: Preparing for Emergencies at Home (two copies for each participant)

Coach's Note:

This activity involves a 30-minute session, a home visit, and then another 30-minute follow-up session.

Step 1: Explain that this activity helps staff to develop skills they can use when assisting families to prepare for emergencies.

Step 2: Ask participants:

- What types of emergencies have you, your family, friends, or Head Start families had at home?
- What experiences have you had in discussing emergency preparedness with families?

Step 3: Give participants Handout F: Preparing for Emergencies at Home. Explain that these are some basic steps to be taken to prepare for emergencies at home. Review the handout briefly, asking participants to explain why each item is important.

Step 4: Ask participants:

- How prepared are you for emergencies in your own home?
- How could you incorporate emergency preparedness into home visits with families?

Step 5: Have participants imagine that they went on a home visit and took Handout F along. Do a brief role-play with the coach or other participants, demonstrating how you would discuss emergency preparedness with the family.

Step 6: Tell participants to take Handout F to their own home and prepare themselves for emergencies.

Step 7: Next, have participants do a home visit and discuss emergency preparedness with the family. Discuss any recent emergencies that were in the news. Ask the parents about the types of emergencies they, their family, and friends have had. Ask the parents how prepared they feel for emergencies.

Review the handout with the parents. Ask them to check which emergency items they have. Congratulate them for taking those steps toward being prepared.

For the unchecked items, discuss with the parents why they are important and help them develop some strategies for taking those steps toward preparedness.

Step 8: After the participants have completed the home visits, have a follow-up session with the coach. Ask participants:

- What were your experiences preparing for emergencies in your own home?
- How did the parents respond to preparing for emergencies at home?
- What are some strategies for helping families to improve their emergency preparedness?

Points to Consider:

- Although emergencies are rare, they do happen to all of us. Preparing in advance for emergencies at home can help us to respond effectively and protect our families' health and safety.
- Strategies for helping families to prepare for emergencies include:
  - offering assistance and providing materials for emergency preparedness (e.g., first aid kit, emergency telephone sticker, smoke detectors, fire extinguisher, flashlight and batteries, portable radio);
  - identifying community resources that can help (e.g., fire department, local stores and service organizations); and
  - following up with reminders and support for maintaining emergency preparedness.

Activity 3: Assessing the Injured Child

Purpose: This activity helps staff develop skills in assessing an injured child and determining what care is needed.

For this activity you will need:

- Handout G: Injury Report Form
- Handout H: Emergency Assessment and Care
- Key to Activity 3: Assessing the Injured Child—*For Trainer Only*
- Flip chart paper and marker
- Card stock paper
- String

Trainer Preparation Note:

Before you begin this activity:

1. *Make Role Cards from* Key to Activity 3: Assessing the Injured Child
    - *Make one two-sided copy of each page of the* Key (A & B) *onto card stock paper.*
    - *Cut along the horizontal lines to separate the Role Cards.*
    - *Punch two holes at the top of each Role Card and tie on an 18" length of string to make each card into a necklace.*
2. *Recruit six volunteers:*
    - *Give each volunteer a Role Card necklace and instruct them to hang it with the role facing outwards.*
    - *Read them Anthony's Story. Explain that they will play the role on their card in a role-play. Another participant playing the role of a teacher will try to determine what happened and how to care for Anthony. Review* **Step 4** *with the volunteers. Explain that they should give out information on the back of the card when the teacher specifically asks them for it. If the teacher asks them for information that they do not have, they should say, "I don't know."*

Step 1: Explain that this activity helps to assess a child's injuries and determine what care is needed.

Step 2: Ask participants to imagine that they are a Head Start teacher. Read aloud Anthony's Story:

"You are a Head Start teacher supervising 16 preschoolers on the playground with the assistance of a teacher's aide. All of a sudden, you hear a child's shriek, screams of 'Owwwww!' and crying. You quickly look toward the source of the screaming—the base of the climbing structure—where you see the children surrounding four-year-old Anthony. You race over to care for Anthony."

Step 3: Ask for a volunteer to role-play the teacher. Explain that the teacher needs to quickly assess Anthony's injuries and determine how to care for him. Since it's an emergency situation, the time is limited and the teacher can only ask **10 questions**.

Step 4: Have the other six volunteers stand up and display their Role Cards. Explain that the teacher can ask for:

- **Information** from talking with:
  - Anthony
  - Teacher's Aide
  - Child #1
  - Child #2
- **Observations** (the eye graphic) of:
  - Anthony
  - Scene of Injury

To get information and observations, the teacher must specify **who** she is asking or observing and **what** she wants to know or observe. For example, if the teacher says, "I want to observe Anthony's head," then the volunteer in the observation role (the eye graphic) for Anthony will describe the appearance of his head.

Step 5: On the left-hand side of the flip chart paper, write numbers one through ten. As the teacher gets pieces of information, write the information next to the numbers on the flip chart.

Step 6: After the teacher has asked ten questions, tell the participants that they need to be ready to handle the emergency. Thank all the volunteers and ask them to sit down. Ask the participants:

- What will you do to comfort and care for Anthony?
- Will you call Emergency Medical Services (911)?
- When will you call Anthony's parents? What will you say?
- What will you say and do with the other children?

Step 7: Ask participants to consider the ten questions that the teacher asked to assess Anthony's injuries:

- Which questions were the most helpful to determine how to care for Anthony?
- Which questions were the least helpful?
- Were there any questions that were not asked that would have been helpful?

Step 8: Distribute Handout G: Injury Report Form. Have participants fill in the information that they got. Ask participants:

- Do you use an Injury or Incident Report Form in your program?
- How can the Injury Report Form be useful in assessing and caring for an injured child?

Step 9: Distribute Handout H: Emergency Assessment and Care. Ask participants:

- Do you have an emergency policy in your program?
- How can an emergency policy be useful in assessing and caring for an injured child?

Step 10: Tell participants that Anthony's parents took him to the hospital. He was examined and his right forearm was X-rayed and found to be broken. A cast was put on his right arm and he was sent home. Anthony returned to Head Start the next day feeling much better. Several children rushed up and hugged him, saying they were worried.

Ask participants:

- How will you follow-up the emergency to make sure it was handled properly and to try to prevent similar injuries in the future?

Points to Consider:

- The first step in managing injuries is to assess the situation and the severity of the injuries.
- Based on the assessment of his injuries, Anthony would need:
  - comfort
  - his right forearm immobilized in a splint or sling
  - his wounds cleaned and bandaged
  - rest until his parents arrive
- Anthony's parents should be notified as soon as possible. They should be told what happened, what was done to care for Anthony, and how he is currently feeling. They should be asked to pick up Anthony and take him for medical assessment and treatment.
- Staff should make sure that the other children are out of the way of the emergency care, that they are supervised and safe, and that their concerns about Anthony's injury are addressed.

- The Injury Report Form documents the staff's assessment of the child's injury and what was done to care for the child. It is important to share the Injury Report Form with parents and the health care provider so they can effectively treat the child. The records can also be reviewed by management and or a health consultant to determine how to improve the prevention and management of injuries in the program. The records are also available to the licensing agency or insurer in case of severe injury or complication.

- After the emergency is taken care of, it is important to review the causes of the incident to determine what could be done to prevent similar injuries in the future. Anthony's injuries might have been prevented by discussing and enforcing safety rules, such as no running and pushing on the climbing structures, and maintaining 9 to 12 inches of wood mulch below the climbing structure to cushion falls.

Key to Activity 3-A (side 1): Assessing the Injured Child—*For Trainer Only*

○ ○

Anthony

○ ○

Teacher's Aide

○ ○

Child #1

○ ○

Child #2

Key to Activity 3-A (side 2): Assessing the Injured Child—*For Trainer Only*

○ ○

- My arm hurts

- I want my Mommy!

○ ○

- Anthony fell off trying to go down the fire pole

- Other children were on the platform above the pole.

○ ○

- We were playing a game to see who could climb up the ladder and go down the fire pole the fastest.

○ ○

- Maybe someone pushed Anthony so he'd go down the pole faster.

Key to Activity 3-B (side 1): Assessing the Injured Child—*For Trainer Only*

○ ○

👁

# of Anthony

○ ○

👁

# of Scene of Injury

Key to Activity 3-B (side 2): Assessing the Injured Child—*For Trainer Only*

- Conscious, alert, responsive
- Lying on left side, holding right arm, screaming, and crying
- Right forearm slightly twisted
- Bloody scrapes and dirt on right hand and elbow
- Blood on shirt
- No sign of head injury
- No sign of injury to chest, back, abdomen, left arm, or legs

- 5½ foot climbing structure
- Anthony lying at base of fire pole
- Wood mulch pushed away from the base of the fire pole, leaving bare hard-packed dirt underneath

Activity 4: Handling Emergencies—What Would You Do?

Purpose: This activity helps staff to develop plans for handling emergencies and injuries.

For this activity you will need:

- Handout H: Emergency Assessment and Care
- Handout I: Handling Emergencies—What Would You Do? (one copy per group)
- Flip chart paper and markers (3)

> ***Trainer Preparation Note:***
>
> *Before starting the activity, cut* Handout I: Handling Emergencies—What Would You Do? *along the horizontal lines to separate the three stories. Copy the questions from* **Step 4** *onto a piece of flip chart paper.*

Step 1: Explain that this activity helps to develop plans for handling emergencies.

Step 2: Ask participants: What kinds of emergencies and serious injuries have you dealt with in your Head Start program?

Step 3: Divide participants into three groups. Give each group:

- One story from Handout I: Handling Emergencies—What Would You Do?
- Flip chart paper and marker
- A copy of Handout H: Emergency Assessment and Care for each participant

Step 4: Instruct each group to read its story and take 10-15 minutes to answer the following questions (post on flip chart paper):

- What would you do right now?
- What would you do to follow-up this incident with children, staff, and parents over the next few weeks?
- What might have helped to prepare children, staff, and parents in advance for this type of incident?
- What could you do to prevent this type of incident in the future?

Step 5: Bring the groups back together. Ask a representative from each group to read aloud the group's story and report their responses to the questions. Encourage other participants to ask questions or make comments.

Step 6: Ask participants:

- What is similar about all of these emergency situations?
- How might these incidents stimulate you to advocate at a local, statewide, or national level for improved prevention and management of injuries?

Points to Consider:

- Although emergencies are rare, they do happen in Head Start programs. Preparing in advance for emergencies can help to respond effectively and protect the health and safety of children, staff, and families.
- Head Start staff need specific policies and training on managing emergencies, including caring for injured children and adults; working with emergency services; communicating with parents, children, and staff; and documenting and reporting incidents.
- After any incident, Head Start staff, parents, and children should "debrief," discuss what happened and how everyone is feeling. These discussions can help prevent the negative consequences of traumatic events. In addition, they can help to identify what needs to be done to follow-up the incident and what could have been done to prevent or manage the incident more effectively.

Activity 5: Reviewing Injury Logs

Purpose: This activity helps participants to review patterns of injuries to identify ways to improve injury prevention in the program. The activity is most helpful for management staff, health and education coordinators, and teachers. It can be done in conjunction with Health Services Advisory Committee members or a health consultant.

For this activity you will need:

- Handout J: Reviewing Injury Logs
- The program's Injury Logs over a period of three to six months
- Flip chart paper and markers
- Blank pieces of paper

Coach Preparation Note:

This activity can ***only*** *be done if the program has kept injury logs or incident reports.*

Before the session, copy Handout J: Reviewing Injury Logs *onto flip chart paper.*

Step 1: Give each participant a blank piece of paper. Tell them to write on it: "Injury patterns that I have noticed..." Ask them to jot down a few brief notes about any patterns of injuries that they might have noticed or might be concerned about in their program.

Step 2: Distribute to participants the program's Injury Logs and Handout J: Reviewing Injury Logs. Explain that Handout J is a guide to use when reviewing the Injury Logs.

They might observe that injury patterns fall into some of the categories listed in Handout J (i.e., child, age, classroom, time of day, location of injury, type of injury, equipment, treatment).

Have participants take approximately one hour to review the Injury Logs.

Complete the first two columns of the handout:

- Under the column "Injury Patterns," write down any patterns of injuries that are common. Enter the injury patterns in the appropriate category: child, age, classroom, time of day, location of injury, type of injury, equipment, treatment. Use only the categories that apply—there does not need to be an entry for every category.

- Under the column "Documentation," write down the evidence for each pattern of injury, for example, how many times it has happened per week or month.

Leave the right-hand columns, "Recommendations" and "Who's Responsible/When," blank for now.

Step 3: Bring participants together for a 40- to 60-minute discussion of the patterns of injuries that they observed. Have participants compare the notes they jotted down on the blank paper with their notes on Handout J. Ask participants:

- In taking the time to review the Injury Logs and analyzing them according to these categories, did any injury patterns become apparent to you that you had not noticed before?

Step 4: Post the flip chart paper copy of Handout J. Ask participants:

- What patterns of injuries did you observe in the Injury Logs? (e.g., three-year-old children have been getting a lot of sand in their eyes during sandbox play). List these in the column "Injury Patterns" under the appropriate category. (i.e., in the row "Type of Injury" list "sand in eyes.")

- What is your evidence that this is a pattern of injury? (e.g., It happened 6-12 times per month.) List these in the column, "Documentation," under the appropriate category. (i.e., in the row "Type of Injury," next to "sand in eyes" write "6-12 per month.")

Step 5: Explain that it is important to identify which injury patterns are of greatest concern and focus prevention efforts on these first. Ask participants:

- What are some features by which we can compare the level of concern around each of the injury patterns (e.g., severity of injuries, frequency of injuries, preventability of injuries)?

- Among the patterns of injuries, which are of greatest concern? Circle them.

Step 6: For each of the most important injury patterns, ask participants:

- What are some strategies for preventing the injuries? (Consider modifications of the facilities, equipment, rules and procedures, education, supervision, enforcement, and advocacy.) List these under the "Recommendations" column.
- For each recommendation, who should be responsible for implementing it, and when should that be done? List these under the column, "Who's Responsible/When."

Step 7: Ask participants:

- What do you see as the value of reviewing Injury Logs?
- How often do you think that it should be done?

Step 8: Make plans to follow-up on the recommendations with the person responsible for implementing them, according to the agreed timeline. Do a repeat review of the Injury Logs after three months to chart the program's progress toward preventing injuries.

Points to Consider:

- It is important to document and periodically review Injury Reports so you can identify patterns of injuries that are of concern and develop strategies to prevent future injuries.
- A computer database for Injury Logs can be useful. Sorting the Injury Logs by factors (e.g., by child, age, classroom, time of day, type of injury, location of injury, equipment, and treatment) and printing out on a spread sheet can help to identify patterns of injuries and the needs for prevention measures.

Next Steps: Ideas to Extend Practice

Prepare Children for Emergencies

Use dramatic play activities to help children practice responding to emergencies. Set up various situations (e.g., "What would you do if a child fell off the climbing structure?" or "What would you do if we felt the room shaking because a big earthquake was happening?"). Use costumes, props, and dramatic play to act out and discuss what they should do. Explain that there are many adults—teachers, parents, and emergency services—who will help. Stress the importance of children staying calm, acting quickly, telling an adult right away when there's a problem, and following directions.

When emergencies do occur, use them as "teachable moments" for children. For example, after a fall off the climbing structure, take the opportunity to discuss gravity, the human body, and the importance of safety rules.

Prepare for Emergencies at Home

Arrange for a staff-parent meeting to discuss preparing for emergencies at home. Consider inviting a speaker from the local fire or police department, emergency medical services, or Red Cross. Discuss what types of emergencies participants have faced at home and how well prepared they felt. Discuss the basic elements of emergency preparedness.

Work with your local fire department, businesses, and service organizations to try to provide emergency supplies for families (e.g., first aid kit, emergency telephone sticker, smoke detectors, fire extinguisher, flashlight and batteries, portable radio). Consider offering first aid and CPR training for parents.

Follow-up After an Emergency

After the Head Start program experiences an emergency situation, have follow-up discussions with staff, parents and children. Discuss how they all feel about the incident. Examine how the incident was handled—what went well and what could have been done better. Are there any additional policies, supplies, or training that could have prepared us better for the emergency? Could community resources have been used more effectively? What can we do to prevent this type of emergency in the future? Make a plan to improve injury prevention and emergency preparedness for the future.

Get to Know Who's There to Help

Review and update your program's list of community emergency resources, including first aid/CPR trainers, police and fire departments, emergency medical services, children's protective services, women's shelters, and mental health crisis teams.

Plan activities to help familiarize Head Start staff, children and parents with the resources and to familiarize emergency resources with Head Start. For example, invite emergency representatives to visit the Head Start program, take field trips to emergency services, and distribute written information on emergency resources for staff and parents.

CPR
saves
lives.

Handout F: Preparing for Emergencies at Home

What would you do if...

- your child got into your purse and ate your medications?
- a frying pan caught fire on the stove?
- your child fell out of the window and was unconscious?
- your child started choking on a piece of meat?
- you lose your temper and feel like hitting your child?
- a hurricane, tornado, flood, or earthquake struck your home?

Prepare your family for emergencies with:

☐ Adults trained in first aid and CPR

☐ First aid kit

☐ Emergency numbers posted near telephone (police, fire, ambulance, poison control, parent stress hotline)

☐ Smoke detectors—test monthly

☐ Fire extinguisher—know how to work it

☐ Fire escape plan from every room

☐ Evacuation plan—know where to go

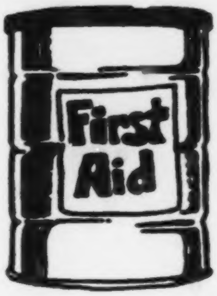
☐ Three-day supply of canned food, manual can opener, baby formula, diapers, bottled water

☐ Warm clothes, sturdy shoes, extra blankets

☐ Extra medications and eyeglasses

☐ Flashlight and extra batteries

☐ Portable radio and extra batteries



Here is a suggestion for an inexpensive and waterproof kit you can make by using a coffee can with a plastic lid. The contents can be purchased for a small amount; you may even have the items around the house. ***In a serious emergency, dial 911 for help.***

SUGGESTED CONTENTS

- **Triangular Bandages (3)**
- **1" Band Aids (25)**
- **2" x 2" Gauze Pads (5)**
- **4" x 4" Gauze Pads (5)**
- **1" Roller Bandage**
- **2" Roller Bandage**
- **1/2" Adhesive Tape Roll**
- **Q-Tips (10)**
- **Small Bar Soap**
- **Small Hand Towel**
- **Large Safety Pins (4)**
- **Small Scissors**
- **Tweezers**

For use with Activity 2

Handout G: Injury Report Form

Name of Program: ______________________________ **Phone:** ______________

Address of Facility: ____

Child's Name: ____________________ **Sex:** M F **Birthdate:** __/__/__ **Incident Date:** __/__/__

Time of Incident: ___:___ AM/PM **Witness:** ______________________________

Location of Incident: ☐ playground ☐ classroom ☐ bathroom ☐ hall ☐ kitchen ☐ doorway ☐ office ☐ dining room ☐ large muscle room or gym ☐ stairway ☐ unknown ☐ other (specify): ______________

Equipment/Product Involved: ☐ climber ☐ slide ☐ swing ☐ playground surface ☐ sandbox ☐ trike/bike ☐ hand toy (specify): ________________ ☐ other equipment (specify): ______________

Cause of Injury: ☐ fall to surface; estimated height of fall __ feet; type of surface: ______________ ☐ fall from running/tripping ☐ bitten by child ☐ hit or pushed by child ☐ injured by object: __________ ☐ eating or choking ☐ insect sting/bite ☐ animal bite ☐ exposure to cold ☐ motor vehicle ☐ other (specify): ______________________________

Parts of Body Injured: ☐ eye ☐ ear ☐ nose ☐ mouth ☐ tooth ☐ other part of face ☐ other part of head ☐ neck ☐ arm/wrist/hand ☐ leg/ankle/foot ☐ trunk ☐ other (specify): ______________

Type of Injury: ☐ cut ☐ bruise or swelling ☐ puncture ☐ scrape ☐ broken bone or dislocation ☐ sprain ☐ crushing injury ☐ burn ☐ loss of consciousness ☐ unknown ☐ other (specify): ______________

First Aid Given at the Facility: ☐ comfort ☐ pressure ☐ elevation ☐ ice ☐ cleaned wound ☐ antiseptic ☐ bandage ☐ rest ☐ other (specify): ______________________________

Who was Contacted at what Time: ☐ parents at ___:___ AM/PM ☐ health care provider at ___:___ AM/PM ☐ emergency contact person at ___:___ AM/PM ☐ emergency medical services at ___:___ AM/PM ☐ other (specify): ______________________________ at ___:___ AM/PM

Treatment Provided by: ____

☐ no doctor's or dentist's treatment required ☐ treatment as an outpatient (e.g., office or emergency room) ☐ hospitalized (overnight) # of days: ____ ☐ other (specify): ______________

Follow-up Plan for Care of the Child: ______________________________

Corrective Action Needed to Prevent Reoccurrence: ______________________________

Name of Official/Agency Notified: ______________________ **Date:** __________

Signature of Staff Member: ______________________ **Date:** __________

Signature of Parent: ______________________ **Date:** __________

For use with Activity 3

Adapted with permission from: Pennsylvania Chapter American Academy of Pediatrics (June 1997) *Model Child Care Health Policies*.

Handout H: Emergency Assessment and Care

1. **Survey the scene:** Is the scene safe? Are the other children safe? What happened? How many children are injured? Are there bystanders who can help?

2. **Do a primary survey for life-threatening conditions:** Is the child conscious and responsive? (A-B-C) Is the airway open? Is the child breathing? Is circulation normal? **If no breathing or pulse, start CPR.**

3. **Phone the emergency medical services (911) system for help if...** the child does not respond, the child has a life-threatening condition, or the injury appears serious (e.g., severe bleeding or pain).

4. **Do a secondary survey for specific injuries:**
   - Talk with the child: Ask what happened and what hurts. Provide comfort. Explain that you will check his body for other injuries. Ask him to stay as still as possible and tell you where it hurts.
   - Do a head-to-toe check: Head, scalp, face, ears, eyes, nose, mouth, neck, collar bones, chest, abdomen, arms, hands, legs (ask child to wiggle fingers and toes).

5. **Do first aid, as needed:**
   - Stop bleeding.
   - Immobilize injured bones, muscles and tendons.
   - Remove poisons, splinters, small objects.
   - Clean and bandage wounds.

6. **Call the parent:** Explain what happened, what you did, and how the child is. Explain whether the parent will need to pick the child up, take her to the doctor, or meet the ambulance at the hospital. Be sure to have the emergency consent forms.

7. **Talk with the other children:**
   - Have another adult supervise the children while you care for the injured child.
   - Reassure the children that first aid is being given to the injured child and emergency help is on the way.
   - Explain that you will talk with them about what happened as soon as possible. Later, answer children's questions about the incident and the injured child, and discuss how future injuries might be prevented.

8. **Complete the Injury Report form:**
   - Give a copy to the parent.
   - Keep a copy for the records.

For use with Activity 3 & 4

Adapted with permission from: The American Red Cross *Child Care Course: Health & Safety Units*, 1990. All Rights Reserved in all Countries.

Handout I: Handling Emergencies—What Would You Do?

Story #1

A Head Start teacher takes pain pills for a back injury. When he is taking his medicine in the classroom, the telephone rings. He leaves the pill on the counter for a moment while he answers the telephone. Just at that moment, a two-year-old child grabs the pill and swallows it.

Story #2

A Head Start class is going on a field trip by car. One car, with two adults and four children, is broadsided by a truck. After the crash, everyone is conscious. The children are screaming and crying, and three of the children have blood on their faces. The driver cannot walk.

Story #3

A four-year-old Head Start child's father has a history of abusing the child and mother. The mother has obtained a restraining order against the father and notified the Head Start program that the father is not allowed to pick up the child.

One afternoon, the father arrives at the Head Start program shouting, "I'm here to get my kid. Don't anybody stop me." He appears intoxicated and is waving a gun around. When he grabs his child, one of the teachers tries to stop him and he shoots her. He runs out the door with the child.

For use with Activities 4

Handout J: Reviewing Injury Logs

Category	Injury Patterns	Documentation	Recommendations	Who's Responsible/When
Child:				
Age:				
Classroom:				
Time of Day:				
Type of Injury:				
Location of Injury:				
Equipment:				
Treatment:				

For use with Activity 5

Continuing Professional Development

This guide helps Head Start staff, parents, and children increase their understanding of childhood injuries and develop skills to prevent and manage such injuries. To continue to learn more about how to maintain a safe program and home environment:

1. Subscribe to health publications to stay informed about current recommendations to prevent and manage injuries. *(See **Resources**.)*

2. Attend trainings to maintain first aid and CPR certification (contact your local Red Cross or Health Department for a schedule of trainings being offered in your area). Participate in local, state, regional, and national conferences to increase knowledge and skills in preventing and managing injuries.

3. Invite local health professionals to parent-staff meetings to discuss concerns and questions about preventing and managing injuries in the program and at home.

4. Participate in local injury prevention advocacy efforts such as projects to prevent firearms injuries (gun control, reduce television violence), agricultural injuries, lead poisoning, drowning, and family and community violence.

5. Investigate other Head Start programs that have model injury prevention programs. Discuss ideas for teaching children and families, and share sample policies and resources.

Publications

American Academy of Pediatrics. *Injury Control for Children and Youth*. Elk Grove, IL: American Academy of Pediatrics, 1987 (under revision).

This book summarizes of the major causes of injury to children, from infants through teens. It is organized into separate chapters on the different causes of injury, such as motor vehicles, falls, drowning, burns, and choking. The book also reviews the history of injury prevention and recommendations for injury prevention counseling for parents and other caregivers.

American Academy of Pediatrics. *The Injury Prevention Program (TIPP): A Guide to Safety Counseling in Office Practice*. Elk Grove, Ill.: American Academy of Pediatrics, 1994 revision.

This is an easy-to-use injury prevention program for health care providers to incorporate into clinical pediatric practice. It is organized by the child's age, corresponding to the periodic well-child visit schedule, and contains parent surveys about safety, guidelines for counseling, and safety handouts.

American Academy of Pediatrics. "Childhood Injury: It's No Accident" (speaker's kit with slides). All Kids Safe Campaign. Elk Grove, Ill.: American Academy of Pediatrics, 1997.

This is a speaker's kit on childhood injury prevention for presentations to parents, teachers and community groups. It contains a script and slide set reviewing the causes and key prevention measures for childhood injury. It also includes a home safety checklist.

American Academy of Pediatrics Work Group on Disasters. "Psychosocial Issues for Children and Families in Disasters: A Guide for the Primary Care Physician." Washington, D.C.: U.S. Department of Health and Human Services, Center for Mental Health Services. May 1995.

This manual helps health care providers assist children and families respond to disasters. It reviews the common responses of children according to their age and development, and interventions and resources to help children and families recover. It also provides guidelines for when additional mental health services may be necessary.

Resources

American Red Cross. *Child Care Course: Health and Safety Units*. Unit A (Preventing Childhood Injuries) and Unit B (Infant and Child First Aid). Washington, D.C.: American National Red Cross, 1990.

This is a training curriculum for child care providers on preventing and managing children's injuries. It contains training outlines, activities, videos, worksheets, handouts, and checklists.

American Public Health Association and American Academy of Pediatrics. *Caring For Our Children: National Health and Safety Performance Standards—Guidelines for Out-of-Home Childcare Programs*. Washington, D.C.: American Public Health Association, 1992.

This is a comprehensive set of health and safety guidelines for child care that were developed by key child health and child care organizations. Injury prevention is addressed in many chapters including staffing, activities, health protection and promotion, nutrition, facilities, children with special needs, and administration. The document includes rationales and comments relating to standards, references, and detailed appendices.

Aronson, S. and H. Smith. *Model Child Care Health Policies*. Bryn Mawr, PA: Pennsylvania Chapter of American Academy of Pediatrics, 1993.

This manual provides a sample health policy for early childhood programs. It addresses injury prevention and management in sections on supervision, discipline, safety, and emergencies. It has a comprehensive safety checklist and forms, and is available on disk to help programs develop their own health policies.

Centers for Disease Control. *Flood, Hurricane, Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety* (pamphlets). Atlanta, GA: Centers for Disease Control, USDHHS.

These pamphlets contain clear health and safety guidelines for preparing for and responding to natural disasters such as flood, hurricane, and extreme heat.

Jambor T., Palmer S.D. *Playground Safety Manual*. Birmingham, Ala.: University of Alabama, 1991.

This is an easy-to-read manual on playground safety for school administrators and teachers. It contains general safety recommendations as well as specific guidelines and checklists for different kinds of playground equipment.

Kendrick, A.S., R. Kaufmann and K.P. Messenger, eds. *Healthy Young Children: A Manual for Programs*. Washington, D.C.: National Association for the Education of Young Children, 1995.

This is a comprehensive book on health and safety in early childhood programs. It addresses injury prevention and management in chapters on Safety and First Aid, and Special Health Issues including Child Abuse and Neglect, and Lead Poisoning. It also contains safety checklists and emergency forms.

Slaby, Roedell, Arezzo, and Hendrix. *Early Violence Prevention: Tools for Teachers of Young Children*. Washington, D.C.: National Association for Education of Young Children, 1995.

This is a book on violence prevention for early childhood teachers. It includes chapters addressing violence at home, in the community, and in media; as well as practical suggestions for structuring the classroom to promote nonviolence through the environment, activities, materials, problem-solving skills, and handling aggressive behavior.

U.S. Consumer Products Safety Commission. *Handbook for Public Playground Safety*. Washington, D.C.: U.S. Consumer Products Safety Commission.

This comprehensive manual details safety recommendations for different kinds of playground equipment and surfacing. It contains helpful illustrations and charts.

U.S. Department of Health and Human Services, Head Start Bureau: *Head Start Facilities Manual*, 1995.

This is a detailed manual for Head Start facilities, including safety features. The site safety checklist is less comprehensive than checklists in other resources listed above.

– *Us in a Bus: A Transportation Manual for Head Start Programs*, 1984.

This manual outlines guidelines for transportation safety in Head Start. It includes safety procedures, planning a transportation system, and training activities for drivers and bus monitors.

Resources

Videos

American Red Cross. *Child Care Course: Health and Safety Units*. Unit A (Preventing Childhood Injuries) and Unit B (Infant and Child First Aid). Washington, D.C.: American National Red Cross, 1990.

These videos on injury prevention and first aid accompany the written curriculum described above.

American Public Health Association and American Academy of Pediatrics. *Caring For Our Children: National Health and Safety Guidelines*. Elk Grove Village, Ill.: American Academy of Pediatrics, 1995.

This set of six videos accompanies the written manual described above.

Video Active Productions (Huber, D., Producer) *Safe Active Play*. Delaware, 1997.

This video demonstrates strategies for ensuring safe active play in early childhood programs. It follows the guidelines listed in *Caring for Our Children.*

Information Memorandums

- *Drug and Alcohol Testing Requirements for Head Start Drivers*. Originating Office: Head Start Bureau, Issuance Date: 12/12/95.
- *Notice of Proposed Rulemaking on Head Start Transportation Safety*. Originating Office: Head Start Bureau, Issuance Date: 6/19/95
- *Occupational Health Standards for Bloodborne Pathogens.* Originating Office: Head Start Bureau, Issuance Date: 8/27/93
- *Transportation Safety.* Originating Office: Head Start Bureau, Issuance Date: 3/18/93

Resources

Organizations

- American Academy of Pediatrics
  141 Northwest Point Blvd., Box 927
  Elk Grove Village, IL 60009
  (800) 433-9016
  Web Site: www.aap.org

- American Public Health Association
  1015 15th Street, NW, Suite 300
  Washington, DC 20005
  (202) 789-5600
  Web Site: www.apha.org

- American Red Cross National Headquarters
  Jefferson Park
  8111 Gatehouse Road
  Falls Church, VA 22042-1203
  (202) 737-8300 General Information
  Web Site: www.redcross.org

- Centers for Disease Control and Prevention
  Center for Injury Prevention and Control
  1600 Clifton Road, N.E.
  Atlanta, GA 30329
  (404) 639-3311
  Web Site: www.cdc.gov

- Head Start Facility Referral and Information Service (FRIS)
  Aspen Systems Corp.
  1600 Research Blvd., 5F
  Rockville, MD 20850
  (800) 303-0705 or (301) 251-5164
  E-mail: mcunningham@smtpinet.aspensys.com

- National Center for Education in Maternal and Child Health
  Maternal and Child Health Bureau
  2000 15th Street, North, Suite 701
  Arlington, VA 22201
  (703) 524-7802
  Web Site: www.ncemch.org

- Emergency Medical Services for Children (EMSC)
  National Resource Center
  111 Michigan Avenue, NW
  Washington, DC 20010
  (202) 884-4927
  Web Site: www.ems-c.org

Resources

- National Highway Traffic Safety Administration
  400 7th St., SW
  Washington, DC 20590
  (202) 366-4000
  Web Site: www.nhtsa.gov

- National Program for Playground Safety
  University of Northern Iowa, School of HPELS
  Cedar Falls, Iowa 50614-0461
  (800) 554-PLAY
  Web Site: www.uni.edu/coe/playgrnd

- National SAFE KIDS Campaign
  1301 Pennsylvania Ave., Suite 1000
  Washington, DC 20004
  (202) 662-0600
  E-mail: info@safekids.org

- National Safety Council
  444 N. Michigan Ave.
  Chicago, IL 60611
  (630) 285-1121
  Web Site: www.nsc.org

- National Domestic Violence Hotline (24 hours/day)
  Texas Council on Family Violence
  3616 Far West Blvd., Suite 101
  Austin, TX 78731
  (800) 799-SAFE
  TDD: (800) 787-3224
  Web Site: www.inetport.com

- U.S. Consumer Product Safety Commission
  Washington, DC 20207
  (800) 638-CPSC
  Web Site: www.cpsc.gov

Appendix 1

Safety for Young Children: Infants (birth to one year old)

Typical Developmental Characteristics	Injury Risks	Injury Prevention Measures *Always have close adult supervision. Never leave preschooler in care of a young child.*
Completely dependent on caregivers. Needs frequent feeding, diapering, and comforting. Communicates needs by crying. Limited head and body control. Motor skills developing rapidly from wiggling to rolling, reaching out, crawling, pulling up, cruising, and walking. Puts things in mouth. Doesn't understand danger.	Falls	Never leave infant alone on changing table or bed. Use sturdy high chair with safety strap. Do not use infant walker. Use gate on stairs and protective rails on balconies.
	Suffocation, Strangulation, Choking	Put infant to sleep on back. Use cribs with slats < 2 3/8" wide, tight-fitting mattress, no corner posts. Don't put infant to sleep on waterbed, bean bag, sheepskin, pillow, down comforter. Don't feed infant nuts, whole grapes, hot dog rounds, meat chunks, candy. Keep coins, jewelry, small toys, plastic bags, balloons out of reach. Tie up window shade cords. Don't dress infant in hoods with drawstrings. Know how to save a choking infant.
	Drowning	Never leave infant alone in or near tub, pool, bodies of water. Fence in pools. Don't leave water in 5-gallon buckets. Know rescue breathing for infants.
	Poisoning	Use child safety caps on medicine. Store medicine, cosmetics, alcohol, tobacco, cleaning fluids, chemicals out of reach. Post poison control number next to telephone. Have syrup of Ipecac on hand.
	Burns	Lower water temperature to < 120 deg. F. Never leave infant alone near hot liquids. Install screens over fireplace and heaters. Put safety covers on electric outlets. Keep electric cords out of reach. Install smoke detectors.
	Motor Vehicle	Secure in an infant car seat and seat belt, in back seat, when riding in car or truck.
	Violence, Child Abuse	Learn about child development. Develop stress reduction skills and a support system. Don't shake or hit the baby.

Appendix 1

Safety for Young Children: Toddlers (one to three years old)

Typical Developmental Characteristics	Injury Risks	Injury Prevention Measures *Always have close adult supervision. Never leave a toddler in the care of a young child.*
Very dependent on caregivers, but increasing independence. Curious Walks, climbs, runs, and explores the environment. Can open doors and drawers. Imitates older children and adults. Wants to do things himself. Can have strong emotions and intense interactions with others. Increasing verbal ability to express needs and wants. Says "no." Has limited understanding of danger. May begin toilet learning.	Falls	Use gate on stairs and protective rails on balconies. Move furniture away from windows. Install window screens and guards. Use safe play equipment < 3 feet high over sand, wood chips or rubber mat.
	Suffocation, Strangulation, Choking	Teach toddler not to put non-food items in mouth. Don't feed toddler nuts, whole grapes, hot dog rounds, meat chunks, candy. Keep coins, jewelry, small toys, plastic bags, balloons out of reach. Tie up window shade cords. Don't dress toddler in hoods with drawstrings. Know how to save a choking child.
	Drowning	Never leave toddler alone in or near tub, pool, bodies of water. Fence in pools. Don't leave water in 5-gallon buckets. Know rescue breathing for children.
	Poisoning	Use child safety caps on medicine. Never call medicine "candy." Keep medicine, cosmetics, alcohol, tobacco, cleaning fluids, chemicals out of reach. Use safety latches on cabinets. Post poison control number next to telephone. Have syrup of Ipecac on hand.
	Burns	Teach not to touch stove or play with fire. Lower water temperature to < 120 deg. F. Never leave toddler alone near hot liquid, stove or fire. Cook on back burners and turn pot handles to rear. Keep matches and lighters out of reach. Install screens over fireplace and heaters. Put safety covers on electric outlets. Keep electric cords out of reach. Install smoke detectors.
	Motor Vehicle	Teach to hold hands and cross street at crosswalk with green light and "walk" sign. Secure in a child car seat and seat belt, in back seat, when riding in car or truck.
	Violence, Child Abuse	Learn about child development. Develop stress reduction skills and a support system. Discipline with positive guidance. Don't hit or belittle the child. Limit television to < 2 hours/day, no violent shows. Teach toddler to use words instead of hitting. Teach toddler not to touch knives, sharp tools, firearms. Lock up firearms separate from ammunition.

Appendix 1

Safety for Young Children: Preschoolers (three to five years old)

Typical Developmental Characteristics	Injury Risks	Injury Prevention Measures ***Always have close adult supervision. Never leave preschooler in care of a young child.***
Increasing independence, but still dependent on caregivers.	Falls	Install window screens and guards. Use safe play equipment < 6 feet high over sand, wood chips or rubber mat. Don't let play on ladders, roof, cliffs. Teach to stay away from the edge.
Can be curious and daring. Runs fast, climbs high, jumps, can ride a tricycle.	Suffocation, Strangulation, Choking	Teach child not to put non-food items in mouth. Teach to eat while seated. Keep plastic bags and balloons out of reach. Don't let play with small toys and marbles, if under 4 years. Don't dress child in hoods with drawstrings. Know how to save a choking child.
Can open doors and drawers.	Drowning	Never leave child alone in or near pool or bodies of water. Fence in pools. Can begin swimming lessons. Know rescue breathing for children.
Imitates older children and adults. Enjoys using tools and playing games.	Poisoning	Use child safety caps on medicine. Never call medicine "candy." Keep medicine, cosmetics, alcohol, tobacco, cleaning fluids, chemicals out of reach. Use safety latches on cabinets. Post poison control number next to telephone. Have syrup of Ipecac on hand.
Can have strong emotions and intense interactions with others.	Burns	Teach not to touch stove or play with fire. Keep matches and lighters out of reach. Lower hot water temperature to < 120 deg. F. Install smoke detectors. Teach "stop, drop and roll" and fire escape routes.
Increasing verbal ability to express likes and dislikes, wants and needs. Has limited understanding of danger.	Motor Vehicle	Teach to hold hands and cross street at crosswalk with green light and "walk" sign. Teach to watch for cars in driveways and not to chase a ball into the street. Teach bicycle safety and use helmet on tricycle/bicycle. Secure in a child car seat (until 4 yrs. and 40 lbs.) and seat belt, in back seat, when riding in car or truck.
	Violence, Child Abuse	Learn about child development. Develop stress reduction skills and a support system. Discipline with positive guidance. Don't hit or belittle the child. Limit television to < 2 hours/day, no violent shows. Teach child to use words instead of hitting. Teach child not to touch knives, sharp tools, firearms. Lock up firearms separate from ammunition. Teach child not to go with strangers and not to let others touch "private parts." Teach name, address, telephone number, and how to dial 911.

Appendix 2

Health and Safety Checklist

Use this checklist to find hazards. Whenever a hazard is found, fix it if you can. If you can not fix it, make a note of it and plan to get it fixed.

Safety checks should be done at least once a month. Having different people do the safety checks helps find more hazards. The more people who are involved in watching for hazards, the more they will help fix hazards whenever they see them. Safety is everyone's business!

General Indoor Areas

Yes	**No**	
☐	☐	Guns, projectile toys, darts, and cap pistols are not kept in the child care setting.
☐	☐	Floors are smooth and have nonskid surfaces. Rugs are skid-proof.
☐	☐	Doors to places that children can enter, such as bathrooms, can be easily opened from the outside by a child or by an adult.
☐	☐	Doors in children's areas have see-through panes so children are visible to anyone opening the door.
☐	☐	Doors have slow closing devices and/or rubber gaskets on the edges to prevent finger pinching.
☐	☐	Glass doors and full-length windows have decals on them that are at the eye levels of both children and adults.
☐	☐	Windows cannot be opened more than 6 inches from the bottom.
☐	☐	All windows have closed, permanent screens.
☐	☐	Bottom windows are lockable.
☐	☐	Walls and ceilings have no peeling paint and no cracked or falling plaster.
☐	☐	The child care setting is free of toxic or lead paint and of crumbly asbestos.
☐	☐	Safety covers are on all electrical outlets.
☐	☐	Electrical cords are out of children's reach. Electrical cords are placed away from doorways and traffic paths.
☐	☐	Covers or guards for fans have openings small enough to keep children's fingers out.
☐	☐	Free-standing space heaters are not used.
☐	☐	Pipes, radiators, fireplaces, wood burning stoves, and other hot surfaces cannot be reached by children or are covered to prevent burns.
☐	☐	Nobody smokes or has lighted cigarettes, matches, or lighters around children.
☐	☐	Tap water temperature is 120° Fahrenheit or lower.
☐	☐	Trash is covered at all times and is stored away from heaters or other heat sources.
☐	☐	Drawers are closed to prevent tripping or bumps.
☐	☐	Sharp furniture edges are cushioned with cotton and masking tape or with commercial corner guards.
☐	☐	Emergency lighting equipment works.
☐	☐	Regular lighting is bright enough for good visibility in each room.
☐	☐	Enough staff members are always present to exit with children safely and quickly in an emergency.
☐	☐	All adults can easily view all areas used by children.

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Appendix 2

Health and Safety Checklist

General Indoor Areas (cont.)

Yes	No	
☐	☐	Pets are free from disease, are immunized as appropriate, and are maintained in a sanitary manner.
☐	☐	Poisonous plants are not present either indoors or outdoors in the child care areas.
☐	☐	All adult handbags are stored out of children's reach.
☐	☐	All poisons and other dangerous items are stored in locked cabinets out of children's reach. This includes medicines, paints, cleansers, mothballs, etc.
☐	☐	Pesticides are applied only to surfaces that children cannot reach and surfaces not in direct contact with food.
☐	☐	A certified pest control operator applies pesticides while observed by a caregiver.
☐	☐	Cots are placed in such a way that walkways are clear for emergencies.
☐	☐	Children are never left alone in infant seats on tables or other high surfaces.
☐	☐	Teaching aids such as projectors are put away when not in use.
☐	☐	A well-stocked first aid kit is accessible to all caregivers.
☐	☐	Non-porous gloves are readily available for caregivers in all areas where child care is provided.
☐	☐	Heavy equipment or furniture that may tip over is anchored.

Toys and Equipment

Yes	No	
☐	☐	Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts.
☐	☐	All painted toys are free of lead.
☐	☐	Toys are put away when not in use.
☐	☐	Toys that are mouthed are washed after each use.
☐	☐	Children are not permitted to play with any type of plastic bag, balloon or latex/vinyl gloves.
☐	☐	Toys are too large to fit completely into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins, or marbles for children under 4 years of age.
☐	☐	Infants and toddlers are not permitted to eat small objects and foods that may easily cause choking, such as hot dogs, hard candy, seeds, nuts, popcorn, and uncut round foods such as whole grapes and olives.
☐	☐	Toy chests have air holes and a lid support or have no lid. A lid that slams shut can cause pinching, head injuries or suffocation.
☐	☐	Shooting or projectile toys are not present.
☐	☐	Commercial art materials are stored in their original containers out of children's reach. The manufacturer's label includes a reference to meeting ASTM Standards.
☐	☐	Rugs, curtains, pillows, blankets, and cloth toys are flame-resistant.
☐	☐	Sleeping surfaces are firm. Waterbeds and soft bedding materials such as sheepskin, quilts, comforters, pillows and granular materials (plastic foam beads or pellets) used in bean bags are not accessible to infants.
☐	☐	Hinges and joints are covered to prevent small fingers from being pinched or caught.

Health and Safety Checklist

Toys and Equipment (cont.)

Yes	No	
☐	☐	Cribs, playpens, and highchairs are away from drapery cords and electrical cords.
☐	☐	Cribs, playpens, and highchairs are used properly and according to the manufacturer's recommendations for age and weight. Cribs have no corner posts.
☐	☐	Cribs have slats placed 2⅜ inches apart or less and have snug-fitting mattresses. Mattresses are set at their lowest settings and sides are locked at their highest settings.
☐	☐	Toys are not hung across the cribs of infants who can sit up.
☐	☐	Rattles, pacifiers, or other objects are never hung around an infant's neck.
☐	☐	Infant walkers are not used.
☐	☐	Five gallon buckets are not accessible to infants and toddlers.

Hallways and Stairs

Yes	No	
☐	☐	Handrails are securely mounted at child height.
☐	☐	Handrails are attached to walls for right-hand descent, but preferably are attached to the walls on both right and left sides.
☐	☐	Stairway gates are locked in place when infants or toddlers are nearby. Gates should have openings small enough to prevent a child's head from fitting through. No accordion-type gates are used.
☐	☐	Doorways to unsupervised or unsafe areas are closed and locked unless the doors are used for emergency exits.
☐	☐	Emergency exit doors have easy-open latches.
☐	☐	Safety glass is used in all areas of potential impact.
☐	☐	Caregivers can easily monitor all entrances and exits to keep out strangers.
☐	☐	Stairways and hallways are clear of objects that can cause a fall.

Kitchen and Food Preparation and Storage Areas

Yes	No	
☐	☐	Caregivers always wash hands before handling food.
☐	☐	Caregivers always wash children's hands before mealtimes.
☐	☐	Trash is always stored away from food preparation and storage areas.
☐	☐	Refrigerator temperature is monitored by thermometer and is kept at or below 40° Fahrenheit.
☐	☐	All perishable foods are stored in covered containers at 40° Fahrenheit or lower.
☐	☐	Hot foods are kept at 140° Fahrenheit or higher until ready to be eaten.
☐	☐	Pest strips are not used.
☐	☐	Cleansers and other poisonous products are stored in their original containers, away from food, and out of children's reach.

Appendix 2

Health and Safety Checklist

Kitchen and Food Preparation and Storage Areas (cont.)

Yes	No	
☐	☐	Nonperishable food is stored in labelled, insect-resistant metal or plastic containers with tight lids.
☐	☐	Five gallon buckets are not accessible to children.
☐	☐	Refrigerated medicines are kept in closed containers to prevent spills that would contaminate food.
☐	☐	Food preparation surfaces are clean and are free of cracks and chips.
☐	☐	Eating utensils and dishes are clean, free of cracks, chips and lead.
☐	☐	Appliances and sharp or hazardous cooking utensils are stored out of children's reach.
☐	☐	Pot handles are always turned towards the back of the stove.
☐	☐	An ABC-type fire extinguisher is securely mounted on the wall near the stove.
☐	☐	All caregivers know how to use the fire extinguisher correctly and have seen a demonstration by members of the fire department.
☐	☐	There is a "danger zone" in front of the stove where the children are not allowed to go.
☐	☐	A sanitarian has inspected food preparation and service equipment and procedures within the past year.
☐	☐	Children are taught the meaning of "hot."
☐	☐	Trash is stored away from the furnace, stove, and hot water heater.
☐	☐	Kitchen area is not accessible to children without constant adult supervision.
☐	☐	Caregivers do not cook while holding a child.
☐	☐	Hot foods and liquids are kept out of children's reach.
☐	☐	Stable step stools are used to reach high places.

Bathrooms

Yes	No	
☐	☐	Stable step stools are available where needed.
☐	☐	Electrical outlets have safety covers or are modified to prevent shock.
☐	☐	Electrical equipment is stored away from water.
☐	☐	Cleaning products and disinfectants are locked in a cabinet out of children's reach.
☐	☐	Toilet paper is located where children can reach it without having to get up from the toilet.
☐	☐	If potty chairs are used, they are easy to clean with a bleach solution in a utility sink used only for that purpose, if possible.
☐	☐	Potty chairs are not used in the food preparation or dining areas, and potty chairs cannot be reached by children when they are not in use.
☐	☐	There are enough toilets so children do not have to stand in line.
☐	☐	Caregivers and children always wash hands after toileting and diaper changing.
☐	☐	The changing of diapers or soiled underwear is done in a special, separate area away from food and play.

Health and Safety Checklist

Bathrooms (cont.)

Yes No

☐ ☐ The diapering or changing table has rails to keep the child from rolling off.

☐ ☐ Trash cans for diapers, tissues, and other materials that come in contact with body fluids can be opened with a step pedal and are lined with a plastic bag, emptied daily, and kept clean.

☐ ☐ Paper towels and liquid soap are readily available at the sink.

☐ ☐ Thermometers are used to check that water temperatures are between 120° and 130° Fahrenheit or lower. The lower the water temperature, the safer it is for young children.

☐ ☐ Cosmetics are stored out of children's reach.

☐ ☐ Bathtubs have skid-proof mats or stickers.

☐ ☐ Children take baths only when adults can supervise.

☐ ☐ Children are never left alone on a changing table, bed, or any other elevated surface.

☐ ☐ Children are never left unsupervised in or near water.

Active Play Areas Including Playgrounds

Yes No

☐ ☐ The active play area offers a wide range of parallel and interactive activities.

☐ ☐ Water for drinking and first aid is available near the play area.

☐ ☐ A well-stocked first aid kit is accessible to all caregivers during outdoor play.

☐ ☐ A file is available containing the name and address of the manufacturer of each piece of equipment.

☐ ☐ The file also contains records of equipment purchase, installation, inspection, maintenance and CPSC/ASTM approval.

☐ ☐ For old equipment, the file contains documentation of safety provided by an inspector who is certified by the National Playground Safety Institute (800) 554-PLAY.

Surfacing

Yes No

☐ ☐ Measure the highest point that a child can climb to (critical height). For swings, the critical height is measured from the pivot point where the swing is suspended down to the ground. For elevated structures with guard rails, the critical height is measured from the top of the guard rail down to the ground. The highest accessible part for platforms with protective barriers is the deck. For all other structures, the critical height is measured from the highest point of the structure down to the ground.

☐ ☐ Surfaces underneath indoor and outdoor play equipment that children can climb are covered with impact-absorbing material according to the CPSC recommendations for critical height on page 6 of this checklist.

☐ ☐ The following surfacing materials are not in use underneath indoor and outdoor play equipment that children can climb: asphalt, concrete, soil or hard-packed dirt, grass, turf, linoleum, or carpeting.

☐ ☐ The dirt in the play area has been tested and found free of toxic materials, including lead.

☐ ☐ There are no toys or objects (including surfacing material) with a diameter less than 1¼ inch accessible to children who are still placing objects in their mouths.

Appendix 2

Health and Safety Checklist

Loose-Fill Playground Surfacing Materials: Depth Needed

Height of Equipment	Type and Minimum Uncompressed (Not Packed Down) Depth at Point of Impact (More Must Be Installed to Account for Scatter)
5 Feet	6 inches of fine sand 6 inches of coarse sand 6 inches of medium gravel
6 Feet	6 inches of double shredded bark mulch 6 inches of uniform wood chips 6 inches of fine gravel
7 Feet	6 inches of wood mulch 9 inches of uniform wood chips 9 inches of fine gravel
9 Feet	12 inches of fine sand
10 Feet	9 inches of wood mulch 9 inches of double shredded bark mulch 12 inches of fine gravel
11 Feet	12 inches of wood mulch 12 inches of double shredded bark mulch

Adapted from "Critical Heights (in feet) of Tested Materials" Table 2, page 21. For characteristics (fall absorbing characteristics, installation/maintenance, advantages and disadvantages) of organic and inorganic loose-fill materials and of unitary synthetic materials, see Appendix C, pp. 29-31. Loose-fill surfacing materials in list above are described in Appendix D, p. 31. Handbook for Public Playground Safety. Pub. No. 325, U.S. Consumer Product Safety Commission, Washington, DC, 1994.

American Academy of Pediatrics (1995) *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs—Video Series.* Elk Grove Village, IL: American Academy of Pediatrics, p. 50.

Fall Zones

Yes	No	
☐	☐	Fall zones (the areas onto which a child falling from or exiting from a piece of play equipment would be expect to land) do not overlap.
☐	☐	Impact-absorbing surfacing material extends at least 6 feet beyond all sides of the equipment.
☐	☐	For to-fro swings: the impact-absorbing surfacing material extends in front and in back of the swings a distance that measures twice the height of the swing beam.

Health and Safety Checklist

Fall Zones (cont.)

Yes	No	
☐	☐	For slides: the impact-absorbing surfacing material extends at least 6 feet from the end of the slide chute — or — a distance that equals the height of the slide platform + 4 feet, **whichever is greater.** (It is not necessary for surfacing material to exceed 14 feet).

Protrusion & Entanglement

Yes	No	
☐	☐	All metal edges are rolled.
☐	☐	There are no equipment pieces that could catch clothing. There are no strings or loose items on children's clothing or around children's necks that could get caught on play equipment.
☐	☐	Any exposed bolts do not protrude more than two threads beyond the face of the nut; exposed bolts have no burrs or sharp edges.
☐	☐	There are no open "S" hooks.

Entrapment

Yes	No	
☐	☐	There are no openings in any pieces of active play equipment between 3½ and 9 inches that could cause head entrapment.

Equipment Spacing

Yes	No	
☐	☐	There are at least 6 feet of use space on all sides of each piece of equipment.
☐	☐	Play equipment pieces are spaced at least 12 feet apart from each other (each has its own 6 foot use space).
☐	☐	Traffic patterns are designed to prevent children from bumping into each other.

Trip Hazards

Yes	No	
☐	☐	All anchoring devices, such as footings and bars at the bottom of climbers, are below the playing surface.
☐	☐	There are no exposed tree / plant roots.
☐	☐	Changes in elevation are made obvious by the use of brightly colored visual or other barriers.

Appropriate Activities & Equipment

Yes	No	
☐	☐	Age-specific play areas are separated by distance or a physical barrier.
☐	☐	Equipment is warranted by the manufacturer as suitable for the age of the users (2–5 years and 5–12 years) according to ASTM Standard F1487-95.

Appendix 2

Health and Safety Checklist

Pinch, Crush, & Shearing points

Yes	No	
☐	☐	All spaces are too big or too small to entrap a child's finger.
☐	☐	All wooden parts are smooth and without splinters.
☐	☐	All corners are rounded, especially at exit ends and sides along a slide bed.
☐	☐	Exposed ends of tubing have caps that cannot be removed without tools.

Guardrails, Handrails, and Safety Barriers

Yes	No	
☐	☐	Guardrails or protective barriers are used to prevent inadvertent or unintentional falls off elevated platforms.
☐	☐	For preschool children: elevated surfaces more than 20 inches high have a guardrail or protective barrier; those more than 30 inches high have a protective barrier (an enclosing device that is intended to prevent both inadvertent and deliberate attempts to pass through the barrier).
☐	☐	For school age children: elevated surfaces more than 30 inches high have a guardrail or protective barrier; those more than 48 inches high have a protective barrier.
☐	☐	Handrails are child hand-hold size, and are at waist to shoulder height of the child users (22"–38").
☐	☐	Boundaries such as painted lines or dividers separate play equipment from walking areas.
☐	☐	Bike or trike riding areas are separate from other areas.
☐	☐	Playgrounds are fenced in.

Unsafe Equipment

Yes	No	
☐	☐	There are no heavy swings or swings made out of wood, metal, or other rigid materials.
☐	☐	There are no animal figure swings.
☐	☐	There are no multiple-use occupancy swings (swings used by more than one child at a time) other than tire swings.
☐	☐	There are no swing sets with more than 2 swings per bay.
☐	☐	There are no rope swings; all ropes are anchored at both ends.
☐	☐	There are no trapeze bars.
☐	☐	Any see-saws present have a spring centering device for children 2-5 years of age. If see saws are used, there must be a shock absorbing material required to cushion seat impact on surface and the maximum height of the seat above the protective surfacing must not exceed 5 feet.
☐	☐	There are no trampolines.

Maintenance

Yes	No	
☐	☐	Daily checks include: broken glass, animal waste, trash, toxic plants or plant debris, damage by vandals, displaced surfacing, broken equipment, chipping paint, puddles of water, insect hazards, need for lubrication of moving parts.

Health and Safety Checklist

Maintenance (cont.)

Yes No

☐ ☐ All hardware fasteners, permanent coverings, or connecting devices are tight and cannot be removed without tools.

☐ ☐ All surfaces are intact.

☐ ☐ All structures are sturdy enough that they will not move or tip over when the weight of an adult is put against them.

☐ ☐ There is no peeling paint. (Lead in peeling paint on play equipment is a common hazard.)

☐ ☐ All ropes are tight and strands cannot be pulled apart.

Supervision

Yes No

☐ ☐ All areas where children can play are in view of an adult at all times.

☐ ☐ Every child is accounted for at all times by a supervising adult. Some method of assuring that no child is hidden or missing from the group must be used.

☐ ☐ When children must leave the play area to use the toilet, to get first aid, or for any other reason, supervision of the child who leaves and the children who remain in the play area is secure and consistent.

☐ ☐ Children are prevented from playing in a way that challenges them beyond their abilities or that puts others at risk of significant injury.

Slides

Yes No

☐ ☐ The impact-absorbing surfacing material extends at least 6 feet from the end of the slide chute -or- a distance that equals the height of the slide platform + 4 feet, **whichever is greater.** (It is not necessary for surfacing material to exceed 14 feet).

☐ ☐ Slides are no taller than 6½ feet and have side rims at least 4 inches high.

☐ ☐ Slides have an enclosed platform at the top for children to get into position to slide.

☐ ☐ Slide ladders have flat steps and a handrail on each side. For users 2-12 years of age, steps are ≤ 9 inches apart. Rungs are ≤ 12 inches apart. (If steps are ≤ 9 inches apart, check for entrapment).

☐ ☐ Slide beds have a flat surface at the bottom to slow children down and are sloped at no greater than a 30 degree angle overall.

☐ ☐ Slides with metal beds are shaded to prevent overheating.

Sand

Yes No

☐ ☐ Sand digging areas are in the shade.

☐ ☐ Sand digging areas are contained by smooth frames.

☐ ☐ Sand is covered when not in use to prevent infectious disease and injury risk when animals and insects get into it.

Appendix 2

Health and Safety Checklist

Swings

Yes	No	
☐	☐	Swings are located away from other equipment and activities.
☐	☐	Swing footings are stable and buried below the ground or covered by protective surfacing.
☐	☐	There is no corrosion evident on hooks or chains.
☐	☐	There are no "A" frames with horizontal cross bars present.
☐	☐	Tot swings are in a separate bay from the other swings.
☐	☐	Swing hangers are spaced wider than the seats, not less than 20 inches.
☐	☐	There is a minimum space of 24 inches between seats and 30 inches between the swing and supporting structure.
☐	☐	The distance between the bottom of the seat and the protective surface is at least 12 inches.

Multi-Axis Tire Swings

Yes	No	
☐	☐	Tire swings do not share a bay with any other type of swing or are mounted on any structure with other play components.
☐	☐	There are no exposed steel belts in steel-belted radial tire swings.
☐	☐	There are drain holes in tire swing tires.
☐	☐	The minimum clearance between tire and support structure is 30 inches.
☐	☐	The tire swing itself weighs less than 35 pounds.

Climbers

Yes	No	
☐	☐	Climbers have a safe way off for children who cannot complete the activity.
☐	☐	No places exist where children can fall more than 18 inches onto any component of the climber.
☐	☐	Connections between ropes, cables, or chains are securely fixed.
☐	☐	There are no arch climbers or sliding poles accessible to preschoolers.
☐	☐	Horizontal ladders and overhead rings are used only by children who are over 5 years of age. Chinning bars may be used by 4 year olds.

Merry-Go-Rounds

Yes	No	
☐	☐	The platform is continuous, approximately circular.
☐	☐	There are no components, including handgrips, that extend beyond the perimeter of the platform.
☐	☐	Unless the merry-go-round is tub shaped, there are 1–1½ inch handgrips available.
☐	☐	There are no accessible shearing or crush points.
☐	☐	Peripheral speed of rotation is limited to 13 feet per second.

Appendix 2

Health and Safety Checklist

Spring Rocking Equipment

Yes	No	
☐	☐	The seat accommodates only the intended number of users at one time.
☐	☐	There are hand grips and foot rests for each seating position.
☐	☐	Handgrips are between 1–1½ inches in diameter; minimum length 3 inches for one hand, and 6 inches for two hands.
☐	☐	Foot rests are a minimum width of 3½ inches.
☐	☐	Seats are not less than 14 inches nor more than 28 inches above platform surface.

Other Hazards

Yes	No	
☐	☐	There is no litter or animal feces in the play area that may attract insects, hide hazards, and harbor infectious disease agents.
☐	☐	There are no attractive climbing hazards (such a trees) that are accessible from an object placed underneath them.
☐	☐	There are no toxic or thorny plants present.
☐	☐	There is a fence that encloses the play area.

Please explain your plan to fix or take out of play any items checked "No."

Items on the Active Play Areas including Playgrounds Checklist are based primarily on the recommendations of the Consumer Product Safety Commission in the Handbook for Public Playground Safety (1994) and the current ASTM Standards.

The PA Chapter of the American Academy of Pediatrics does not accept any liability associated with the assessment of your play area.

Appendix 2

Health and Safety Checklist

Swimming Pools

Yes	No	
☐	☐	All pools and ponds are enclosed with four-sided fencing that is resistant to climbing, is at least five feet high, comes within 3½ inches of the ground, and has openings no greater than 3½ inches.
☐	☐	Fence openings have self-closing latching gates with the latch at least 55 inches from the ground.
☐	☐	Walk areas around the pool have a nonskid surface.
☐	☐	The pool and pool maintenance have been inspected and approved by the local health department within the past year.
☐	☐	Small, portable wading pools are not used for group water play.
☐	☐	Equipment is available and used every two hours while children are in the water to test and maintain the pH of the water between 7.2 and 8.2.
☐	☐	Water temperatures are maintained between 82° F and 93° F while the pool is in use.

Emergency Preparedness

Yes	No	
☐	☐	All caregivers have roles and responsibilities in case of fires, injury, or other disasters.
☐	☐	One or more caregivers certified in infant and child first aid and where children swim or children with disabilities are in care, one or more caregivers certified in infant and child CPR are always present.
☐	☐	All first aid kits have the required supplies. The kits are stored where caregivers can easily reach them in an emergency.
☐	☐	Caregivers always take a first aid kit on trips.
☐	☐	Smoke detectors and other alarms are tested monthly.
☐	☐	Each room and hallway has a fire escape route clearly posted.
☐	☐	Emergency procedures and telephone numbers are clearly posted near each phone.
☐	☐	Children's emergency phone numbers are posted near the phone and can be easily taken along in case of an emergency evacuation.
☐	☐	Emergency procedures include the following:

- How to phone emergency medical services (EMS) system
- Transportation to an emergency facility
- Notification of parents
- Where to meet if the child care setting is evacuated
- Plans for an adult to care for the children while a caregiver stays with injured children. This includes escorting children to emergency medical care.
- Alternate location for care is known to staff and parents, and is stocked with essential supplies (formula, diapers, toys, first aid supplies).

Appendix 2

Health and Safety Checklist

Emergency Preparedness (cont.)

Yes	No	
☐	☐	All exits are clearly marked and free of clutter.
☐	☐	Doors and gates all open out for easy exit.
☐	☐	Children are taught to report if they or anyone else is hurt.
☐	☐	Children are taught the words *stop* and *no*. Caregivers avoid using those words unless there is danger.
☐	☐	Children are taught their own telephone number, address, and parent's work numbers.
☐	☐	Children are taught how to phone EMS (911).
☐	☐	Children are taught how to Stop, Drop, Roll, Cool in case their clothes catch fire.
☐	☐	Children are taught to point out any matches they find to an adult.

Vehicles

Yes	No	
☐	☐	All vehicles are licensed according to state law and insured for the type of transport being provided.
☐	☐	All drivers are licensed and instructed in child passenger safety.
☐	☐	Everyone, during every ride, uses age-appropriate safety restraints.
☐	☐	Staff encourage correct use of age-appropriate seat restraints by parents.
☐	☐	Drivers use child-resistant door locks when the vehicle is in motion.
☐	☐	All vehicles are locked when not in use.
☐	☐	A well-stocked first aid kit is in the vehicle for every ride.
☐	☐	The caregiver has on hand current emergency contact information when driving children.
☐	☐	Trip plans include how to manage emergencies.
☐	☐	Children wear identification when transported.
☐	☐	Pickup and drop-off points are safe from traffic.
☐	☐	Infant seats are installed correctly, with seats facing the rear of the car until the child reaches 12 months of age. Infants must ride in the back seat.
☐	☐	Driver knows where children are before putting vehicle in reverse.
☐	☐	Bicycles and other riding toys are stable, well-balanced, and of the appropriate size. They do not have broken parts.
☐	☐	Children use helmets approved by ANSI (American National Standards Institute) or Snell Memorial Foundation when riding bikes, and other riding toys that have a wheel base of 20 inches.
☐	☐	Young bikers know traffic rules.
☐	☐	Children do not horse around while riding bikes and do not ride in the street.
☐	☐	Young children never cross the street without an adult. Children should know rules for crossing the street.
☐	☐	No child should ride in the front seat of a vehicle unless the child meets the criteria for front seat occupancy of the National Highway Traffice Safety Administraion (800) 424-9393.

Adapted, courtesy of the American Red Cross, from *The American Red Cross Child Care Course*, Health & Safety Units, 1990, pp. 38-44. This checklist is authorized for use by individual child care providers. All other usage is strictly prohibited without the express approval of the American Red Cross.

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